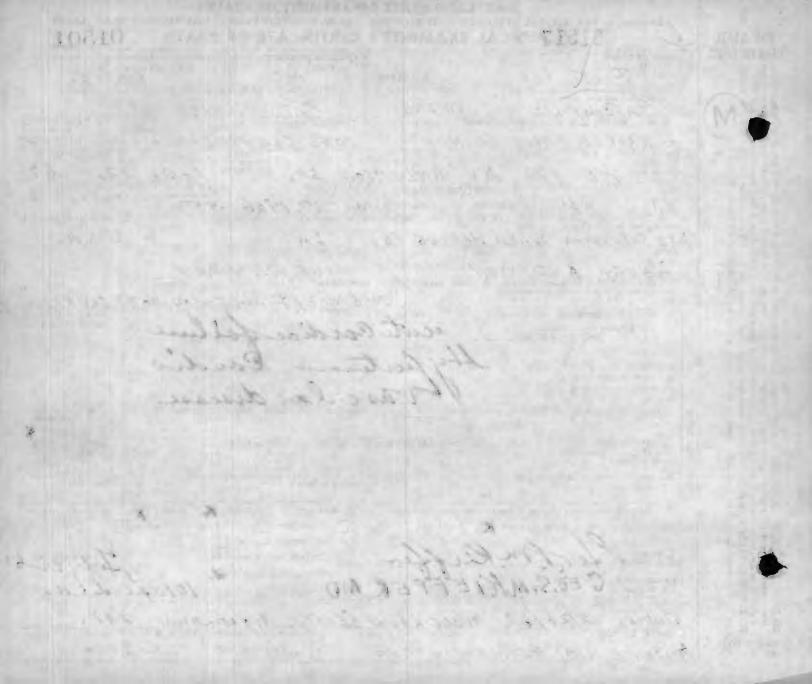
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY a STATE MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town). Hartord d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM Hartord YES NO 3. NAME OF Vanne Month DECEASED DEATH (Type or print) 19 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours male WIDOWED [DIVORCED 3 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME please 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service The Munsey ian. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Part I or Pert II of Item 18.) 2De. ACCIDENT WAS UNDERLYING TT OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ! 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Hour s.m. While Not While et work at work 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 8100 lowful All. FUNE. pelij 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ខ្មុំន arkwood emeteru 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Lainer S. Thomas 15M 9/60

hours after

executed

112 (.11) BIGIO. A STATE OF THE STA / /-/na-a . milion I DELL you the office that wo state . ליים השובים ועוביר שלים אממנים ועו

138	4	MARYLAND STATE DEP	PARTMENT OF HEALTH	
o crara	(Division of STATISTICAL RESEARCH AND RECORDS, 3		RYLAND
K SIANS			CERTIFICATE OF DEATH 01	501
ealth,	1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE b. COUNTY	nca befora admission)
files. Tealth,	_	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	MD, BALI	0.
1		write PURAL and give nearest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	naarast fown
信()		A TENSVILLE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	a. IS RESIDENCE
S X		2023 OLD FREDERICK RD.	2023 OLD FREDERICK RDI	ON A FARM?
agu.	3.	NAME OF First Middle	Lest 4. DATE Month Day	
		DECEASED TYPE OF PRINT R. ANDERSO	N SR, DEATH FEB, 22	1962
	5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. D	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
		M. WI WIDOWED DIVORCED MA	AR, 27, 1966 35 yrs. Months Days	Hours Min.
		USUAL OCCUPATION (Give kind of work during most of working life, evan if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY
d	A	KE SALESMAN, WARD BAKING CO.	VA. U.	5A,
	13.	FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
T	16	HENRY ANDERSON WAS DECEASED EVER IN U.S. ARMED FORCEST 1.16. SOCIAL SECURITY NO. 1.17. INF	JANE DISHMAN	
シル	(Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF		K
	_	18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c),)	S MARY F. ANDERSON, 2023 O	LD FREDE
		PART I. DEATH WAS CAUSED BY:		NSET AND DEATH
		W-11) V	were form	
		Conditions, if any, which (b) Atylice ter	- Pardin	
		gava risa to immadiata cause		
		(a), stating the underlying out to the cause last.	cula disease	
	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMED?
0	CAT			YES NO Y
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY — Or CONTRIBUTING — CAUSE OF DEATH.	or nature of injury in Part I or Part II of item 18.)	•
	AL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE	OF INJURY (Homa, farm, ' 20f. (City or town) (County)	(Stata)
	MEDICAL	Hour a.m. Whila Not Whila factory.	, streat, office bldg., atc.)	
	_	21. I certify that I took charge of the remains described above, held	an Autopsy Inspection Inquiry Inquiry	d in my opinion
		death resulted from: Natural causes . Accident . Suicide		
		91 /2 11 11	CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE SE MICHELLE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
2		EXAMINER'S CEAC WELL SECOND	DEPUTY MEDICAL EXAMINER	1722
	00	NAME (Typa) U- EC, J, M/LLEFFEK!	Oddrass (Streat, city, town, or country)	Jane
	22a	REMOVAL (Specify)	P 11	(Slata)
	23.	FUNERAL DIRECTOR ADDRESS	EMIV, WOODLH WAY 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	71186
2	23	1-1		
يا ار	11	1112/E, 410/ EDMONDSON AUE,	DATEFER 2 6 '62 arthur S. Firm	NO.



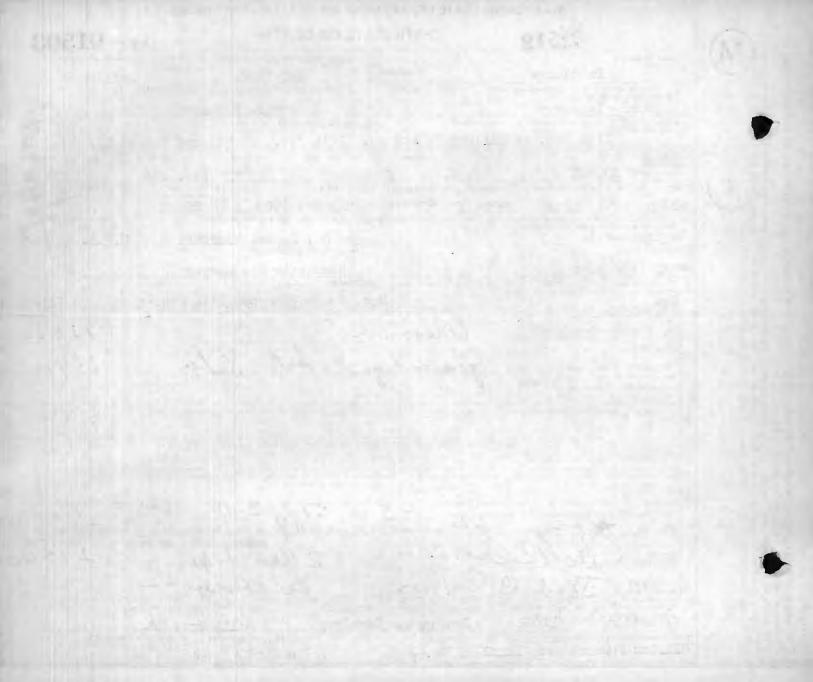
STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) 1. PLACE OF DEATH b. COUNTY e, COUNTY MARYLAND (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5yrs10 mos + altemore e. IS RESIDENCE d. NAME OF HOSPITAL OR ON A FARM? YES NO Yeer DATE 3. NAME OF Middle Month OF DECEASED chn 1962 (Type or print) IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX lest birthday) Months Days Hours Oct. 1889 WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired) e attending phys Then please rem 13. FATHER'S NAME 14. MOTHER'S MAIDLE Joseph Arnold unknown Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Records: Spring Grove State Hospital Unknown Unknown 0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO he sent difease Conditions, if eny, which gave rise to immediate cause DUE TO (e), stelling the underlying certificate has or use as the but prior to burial, cause last. PART II. OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After this (County) (Stete) 20s. PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED 20f. (City or town) 70c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. et work et work JIRECTOR: 26 19.6. 2that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from April 22b. DATE 22e. SIGNATURE OR SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. Spring Grove State Hospital 22d. ADDRESS 22c. PHYSICIAN'S bad Stella Wachsler HOSPIT FUNER NAME (Type) Catonsville 20. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Balto. Md. New Cathedral Cem. Old Fred.Rd. Mar.20,1962 Buria. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Chilling S. Throng Krause-1216 S. Charles St. Balto. Md. DATE 2 6 '62

\$(0510)

VS A15 (4) 15M 9/5B

haurs after death. Page

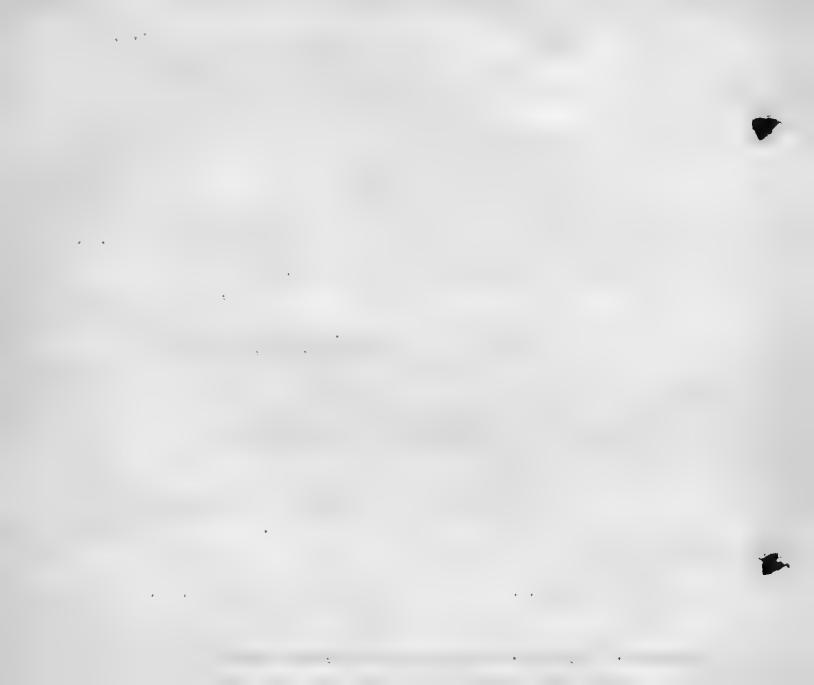
law requires that the death certificate be executed within 24

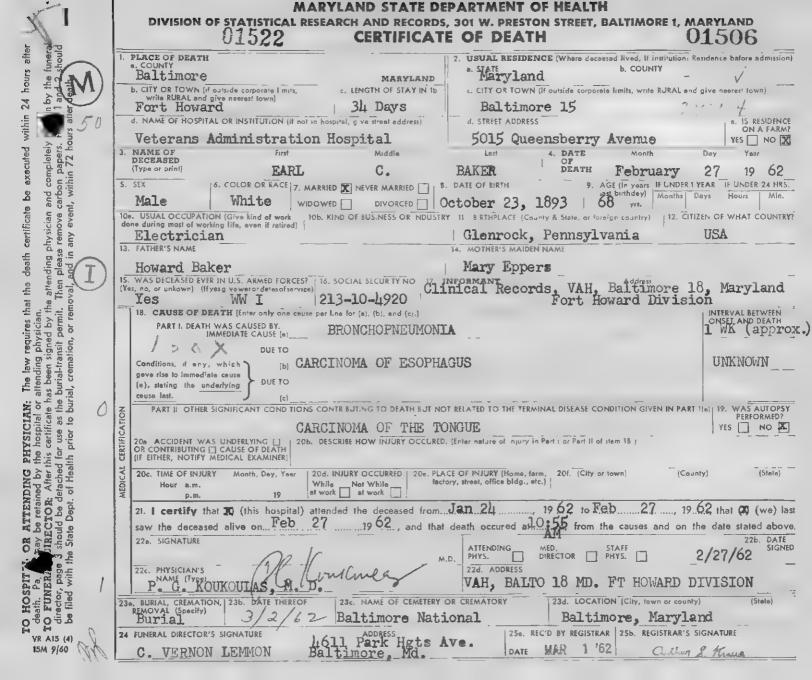


1	100	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
28 8	1	07520 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
shauld be		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
2 4	(KK)	BACTIMORE MARYLAND MARYLAND BACTIMORE	
original de la company	(141)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
4		CHASE 40 YRS 1 CHASE	
irector es p	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) BOX 331 CHASE MD BOX 331 CHASE MD 1d. STREET ADDRESS ON A FAR YES D NO	M?_
Pin		NAME OF Pirst Middle Last A. DATE Month Day Year OF	
you		(Type or print) = 45 ANN A HUSTAGU DEATH Z 17 19 C	
for a		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (in year IFUNDER 1YEAR IF UNDER 24	HRS.
# p #		TEMANS WHITE WIDOWED DE DIVORCED 12-12-1882 TO yrs. Months Days Hours Min.	
With the		0a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	TRY
4 a d		HOUS TURFIE HOME MARKER. MARYLAND USA	
2, ar		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_
E	(F)	Harry Rem more Society Character	
Pages 1 age 5 m e pages	(1)	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	_
Fig.		Yes, no, or unknown) (If yes, give wor or doing of service)	
φ			
PA PA		ONSET AND DEATH	
Forn i P		MMEDIATE CAUSE (a) You make gent HVTen o SCherosis 5/20	
ith ith		DUE TO	
o in a second		Cenditions, if ony, which [b] gave rise to immediate cause	
pen		(o), stoting the underlying DUE TO	
E 9 B			ev
Office d as	0	PERFORMED	7
r's use		YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Part or Part of item 18.]	
De ad		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) CAUSE OF DEATH.	
xan			
al sh		Hour o, m, While Not while factory, street, office bldg., etc.)	43
ge ge			
Pa		21. I certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find	tha
Shie K		death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause .	
e e		ACTUAL OF DE PAR DE CHIEF MEDICAL SYAMBLED TO DATE SIGNES	
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER	
P P P	2	EXAMINER'S ASSISTANT MEDICAL EXAMINER 2-17-6	1
orwarde FUNER	L L	NAME (Type) JACK C COLL IN DEPUTY MEDICAL EXAMINER	
5 6 .	5	20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
250	0	BURIAL 12/20/1962 ZIOD LUTHYRD CEM GOLDEN RINGER MD	
S. ATSME(S	and a	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
5M 9/55	3	Jasselly Tuneral Home 7401 Below Rd & DATEFFB 1 9 '62 arthur S. Kinns	

the Carrier and Marketines of Stransformers of Carrier

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01521 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c C-TY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) write RURAL and give nearest town Fort Howard 12 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS e. IS RES.DENCE ON A FARM? Veterans Administration Hospital YES NO X East Biddle Street 3. NAME OF DATE DECEASED EARL BATIFY (Type or print) DEATH February 6 1962 , 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR Jast birthday) Months Male Negro December WIDOWED DIVORCED [nding physician a 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE , County & State, or fore gn country) | 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Longshoreman Bethlehem, Pennsylvania U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Bailey Sally MN: Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Records, VAH, Baltimore 18, Maryland Yes WW I Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I DEATH WAS CAUSED BY BRONCHOGENIC CARCINOMA, RIGHT LUNG WITH METASTASIS IMMEDIATE CAUSE (a) TO MEDIASTINAL LYMPH NODES, LIVER, ESOPHAGUS, RIGHT 6 RIB, D6 AND L3 UNKNOWN gave tisa to immediate causa RIGHT LOWER LOBE PNEUMONIA UNKNOWN (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19, WAS AUTOPSY PERFORMED? OLD HEALED LEFT APICAL TUBERCULOSIS - Duration Unknown CERTIFIC 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of moury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) MEDICA fectory, street, office bldg., etc.) Not While Hour a.m. et work at work 21. I certify that 4) (this hospital) attended the deceased from January -1962 to February 6, 1962, that M) (we) last saw the deceased alive on Feb. 6 19.62, and that death occurred at A.M. from the causes and on the date stated above. 226. DATE 22a. SIGNATURE STAFF SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS SEBASTIAN RUSSO, M.D. VAH, BALTIMORE 18 MD., FT. HOWARD DIVISION 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) OFA Baltimore National Cemetery Baltimore 28, Maryland ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Critima S. Thomas 15M 9/60 Charles A. Rice, 661 W. Barre St. Baltimore 30 Md PAIR TR 1 3 '62







Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 523medical examiner's certificate of death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institut on, Residence before edmission) e. COUNTY Baltimore Hoalth Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (I outside corporate i m is, write RURAL and give nearest town) Your write RURAL and give nearest town) hrs. Landsdowne Mt. Wilson

d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Mt. Wilson State Pospital 224 Elizabeth Avenue State YES NO 3. NAME OF DATE Midd e Month Year DECEASED OF (Type or print) DEATH Charles Andrew Barbee 19 16 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (n yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) Months | Days Male MIDOWED DIVORCED August 30, 1907 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Real Estate Maintenance Man Virginia U.S.A. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Barbee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Hospital records, Mt. Wilson State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary Tuberculosis yrs. DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1/0/11 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic alcoholism NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. None None Chief MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. show te Now te 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XI. Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes X Suicide Homicide CHIEF MEDICAL EXAMINER 2.2. Explir designated ASSISTANT MEDICAL EXAMINER should be for 16/62 DEPUTY MEDICAL EXAMINER ERABILITIES P Address (Street, city, lown, or county) Reisterstown, Md. D.D. Caples, M.D. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 226. BURIAL, CREMATION, 226. DATE THEREOF Loudon Park Cemetery Baltimore, Md. 2409 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Howard H. Hubbard, 4107 Wilkens Ave. 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH



01592 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY b. COUNTY MARYLAND Raltimore after death, b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town) 8 mo. 26da Baltimore Wilson Marvland d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION ON A FARM? YES NO 5 . Ison State Hospital NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type ar print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 54 5. SEX B. DATE OF BIRT 9. AGE (In years lost birthdoy) yrs. Months WIDOWED IT DIVORCED [7] papers 10a. USUAL OCCUPATION (Give kind af work dane 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) 21.5 A oug HOUSE WOF 13. FATHER'S NAME 15. WAS DECEASED EVER IN Address U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT None Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH rteriosclerotic Heart Disease DUE TO Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underte has been sig burial-transit p lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Advanced YES NO IN 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) Day, Year Haur a.m factory, street, affice bldg., etc.) While Nat while at work at work p m __ 19.6.2 that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram... 19 62, and that death occurred of M, from the causes and on the date stated above saw the deceased alive an 22o SIGNATURI ATTENDING PHYS MED DIRECTOR MD 22c PHYSICIAN 22d, ADDRESS TO FUNERAL D Nettooler. 23d BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town, or county) timore 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DATE FEB 2 0 '62 Baltimore It. No ran VR A15 (4) Ch Lun & Trace 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 01525 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution, Residence before admiss on) 1. PLACE OF DEATH Baltimore **b.** COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mils, write RURAL end give nearest town) write RURAL and give nearest town) 21 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 3911 Liberty Heights Ave. YES NO K 3 NAME OF Middle DATE Month DECEASED (Type or print) DEATH BEANS February 19 62 LILBOURN Pour 5. SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years SE UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday) and Months Days Hours WIDOWED [DIVORCED Male October physician 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY County & State, or fore gn country) dona during most of working life, even if retired) Rio de Janeiro, Brazil U. S. A. Caretaker Private Family 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Buchhemer Henry Beans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 Clinical Addrass (Yas, no. or unkown) (If yes give war or dates of sarvice) Records Yes VAH, Baltimore 18, Md., Fort Howard Division None 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BILATERAL LOBAR PNEUMONIA 4 Days IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? certifical YES X NO use 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18) 20a, ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING ... CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (IX (this hospital) attended the deceased from February ... 68: 162., to February ... 271962, that (x) (we) last DIRECT Should 22b. DATE 22a SIGNATURE ATTENDING DIRECTOR PHYS, PHYS. 22c. PHYSICIAN S 22d. ADDRESS TO HOS.

A death. Page
TO FUNER.

G director, page
be filed with NAME (Type) SEBASTIAN RUSSO, M.D. VAH, BATITIMORE, MARYLAND, FT. HOWARD 230, BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Loudon Park Cemetery Baltimore Maryland **ADDRESS** 25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 15M 9/60 John O. Mitchell & Sons, Inc. 1900 Eutaw Pl. Balton unp Md.

MARYLAND STATE DEPARTMENT OF HEALTH

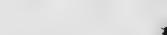


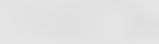
ă TO		01526 CENTIFICATE OF DIATH	01510
d 2 should	M)	e. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (1 outs de composete limits.	LAND LAND b. COUNTY outs'de corporate limits, write RURAL and give neerest town)
s after deat	50	write RURAL end give neerest town) FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress d. STREET ADDRESS	IMORE 311 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
72 hour		VETERANS ADMINISTRATION HOSPITAL 3. NAME OF DECEASED (Type or print) LOUIS H. BELZ	ia Avenue YES NO X 4 DATE Month Dey Yeer OF DEATH February 24 19 62
carbon part, within		5. SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White widowed Divorced January 8, 18	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
any ever		10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Barber 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Count Description of the business of t	y & Stete, or fareign country) 12. CITIZEN OF WHAT COUNTRY USA
and in	(I)	Julius Belz Ida Bohr	ig
nit. Ther removal,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. CLINICAL HECORDS Yes, no, or unknown) (Ifyesg vewerordatesofservice) 16. Social SECURITY NO. CLINICAL HECORDS Yes Spanish American 2/2-03-7259Fort Howard Divi	SION INTERVAL BETWEEN
nsit perm		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) METASTATIC ADENOCARCINOMA OF	CECUM ONSET AND DEATH
burial-tra		Conditions, if eny, which geve rise to immediate ceuse (e), stating the underlying cause lest.	-
se as the barrial	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN BRONCHOPNEUMONIA 206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in P OR CONTRIBUTING 1 CAUSE OF DEATH II. (E) 10 (IF ETHER, NOTIFY MEDICAL EXAMINE)	AL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPS PERFORMED? YES X NO
ad for use alth prior			
detachi		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm fectory, street, office bldg., etc.) While work et work .	
hould be State Dep		22e. SIGMATURE	AM, from the causes and on the date stated above 22b. DATE
ector, page 3 s filed with the	1	22c. PHYSICIAN'S 22d. ADDRESS	ED. STAFF RECTOR PHYS. 18 Md. Et Howard Division
director, p	1	230. BURIAL, CREMATION, 23b. PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL [Specify]	23d. LOCATION (City, town or county) (Stete) Baltimore 28, Maryland
5 (4) 60	St		D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND

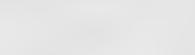


DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE, 1, MARY hours after TEUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate .im ts, c. LENGTH OF STAY IN 16 c, CITY OR TOWN of outside corporate limits, write RURAL and give nearest fown) write RURAL and give peacest town 24 3lyr8mth7dys Catonsville Baltimore d. NAME OF HOSP TAL OR INSTITUTION , if not in hosp ta, give street address, d STREET ADDRESS e. IS RESIDENCE ON A FARM? S RING HOSPITAL 2700 Christopher Avenue YES NO 3. NAME OF Midd e 4. DATE DECEASED OF DEATH (Typa or print) Anna Boehm February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K AGE In years HE UNDER I YEAR B. DATE OF BRITH IF UNDER 24 HRS. last birthday) and Months Days Hours female WIDOWED ending physician an please remove c 1Da. JSUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR NDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) factory worker Austria 13. FATHER'S NAME MOTHER'S MAIDEN NAME Frank Boehm Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown); (Ifyasgivewarordatesofsarvice) unkcown unknown Records: HOSTITAL INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one causa per ine for (a), [b], and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart Cailure IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which (6) gava rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16) 19. WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLY NG 17 20b. DESCR BE HOW INJURY OCCURED. Enter nature of injury in Part I or Part I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20e. TIME OF INJURY 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work 21. I certify that 30 (this hospital) attended the deceased from May 27 9.30 to Feb. 419 62hat (I) (we) last19....62, and that death occured at. D. ... M, from the causes and on the date stated above. DIREC-hou 22b. DATE 22a SIGNATURE 2-5-62 SIGNED 0 ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ath. Page FUNER NAME (Type) catonsville 28 . Maryland DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county (Stata) 23a, BURIAL, CREMATION. (Spacify) Edeemer OH ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cutinus S. Kraus 15M 9 60



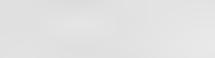


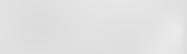














DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01528 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edm ssion) PLACE OF DEATH e. COUNTY b, COUNTY by the land 2 s Balilmore MARYLAND b. CITY OR TOWN (if outside corporate lim'ts, LENGTH OF STAY IN 16 c. C.TY OR TOWN Of outside corporate limits, write RURAL and give necrest town) þ write RURAL and give/neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) STREET ADDRESS B. IS RESIDENCE ON A FARM? endover Koaa endover YES NO XX 3. NAME OF First Midde DECEASED OF teve DEATH (Type or print) 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 9. AGE (In yours) IF UNDER I YEAR B DATE OF BIRTH IF UNDER 24 HRS last birthdey) DIVORCED WIDOWED & 10a. USUAL OCCUPATION (G'vo k nd of work 10b. K ND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or for ligh country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURTY NO., 17. INFORMANT Address {Yes, no, or unkown} | (Ifyes give wer or dates of service) the 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (8)_ DUE TO attending Conditions, if any, which (b) deve rise to immediate cause DUE TO (a), steting the underlying cause lest. the PART IL OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [| 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pent I of Pent II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Sinta) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg , atc.) Whie Not While Hour a.m. et work at work 21. I certify that (I) (this hospita.) attended the deceased from...... and that death occured a M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR M.D. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23e. BUR AL, CREMATION, REMOVAL (Spacify) ក្នុ Parkwood emeteri Salumore, Mari 256. REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **YR A15 (4)** 15M 9/60

24

LAND STATE DEPARTMENT OF HEALTH

01529 OF DEATH plnods 24 hours after 2. USUAL RESIDENCE (Where daceased lived, If Institutions Residence before admission) 1. PLACE OF DEATH a. COUNTY COUNTY MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest fown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) woodlawn d STREET ADDRESS e. IS RESIDENCE ON A FARM? Glen Vak Ave YES NO. Year 3. NAME OF M dd # DECEASED DEATH (Typs or print) tebruari 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX last_birthdey) Months W DOWED X DIVORCED 12, CITIZEN OF WHAT COUNTRY? IDe! USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, aven if retired at home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louisa Merke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service)! Norman Boileau same 18. CAUSE OF DEATH (Enter on y one cause per tine for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion hour IMMEDIATE CAUSE (a) DUE TO 10 years Arteriosclerotic cardiovascular disease Conditions, if any, which gava risa to immediata cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work, and that death occured ap: 3.04Mfrom the causes and on the date stated above. saw the deceased alive on.... ay b 22b, DATE 22a. SIGNATUR SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Millard T. Trabande Gwynn Oak Ave. Balt. 7. 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR CREMATORY TO 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15 9/10 Combad & France

AND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

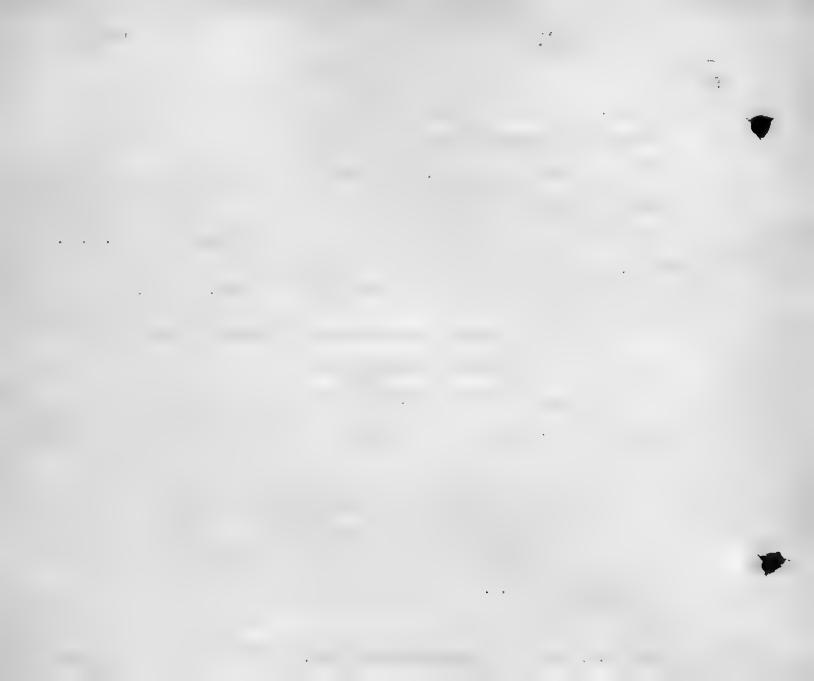


2	MARYLAND STATE DEPARTMENT OF HEALTH
	O1514
M	1. PLACE OF DEATH e. COUNTY Baltimore b. CITY OR TOWN (if outside corporate mits, c. LENGTH OF STAY N tb c. CITY OR TOWN (if outside corporate mits, wr te RURAL end give neerest town)
70	write RURAL end give neerest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) A. STREET ADDRESS ON A F.
	Paradise Nursing Home Name of Deceased (Type or print) Lee S1 Beaumont Avenue #12 YES No
	5. SEX A. COLOR OR RACE 7. MARRIED NEVER
-	Albert M. Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 10. INFORMANT Address No. 12. INFORMANT IB. CAUSE OF DEATH [Enter only one cause per line for [a] (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)
r lo buriar, cremanor	Conditions, if any, which gover rise to immed ele cause (e), stating the underlying DUE TO Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS AND THE TRANSPORT OF THE TRANSPORT O
	20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Not While Not While Porm. 19 Stewark 19 Stewark
	21. I certify that (I) (this hospital) attended the deceased from
[22c. PHYSICIAN'S NAME (Type) W. E. M. GRETA 22d. ADDRESS 1363 Fracerick Rd (28) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, lown or county) (Siete
^, .	REMOVAL (Specify) Burial 2-16-62 Woodlawn Cametery Woodlawn, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE War J. J. R. Frank Date FEB 1 9 '62 Woodlawn, Maryland Address Date FEB 1 9 '62 Linear S. Krank



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01531 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmigran) e. COUNTY · Maryland b. COUNTY Raltimore MARYLAND Cl 2 7-1 B. CITY OR TOWN (If outs de corporete limits, c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) e LENGTH OF STAY IN 16 write RURAL and give negrest town) 24 Westminster Hours Fort Howard

d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp te., give street address within d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital Route 3 YES NO X be executed 3. NAME OF Middle Last 4. DATE Month Day Yeer DECEASED (Type or print) HARRY BOWMAN DEATH 62 February 19 6 COLOR OR RACE 7, MARRIED K NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE In years | IF UNDER 1 YEAR | HE UNDER 24 HRS. and lest birthdey) Months House Male WIDOWED [DIVORCED 1 November 4.1920 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Worker Shoe Factory Westminster, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James M. Bowman Julia Berwager 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 CHIOLOL Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) (If yes give wer or deles of service) Yes WW II Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: POSTERGIATERAL & INTERSEPTAL MYOCARDIAL INFARCTION IMMEDIATE CAUSE (6) FEW DAYS DUE TO Condillons, if any, which POSTERIOR DESCENDING CORONARY STENOSIS UNKNOWN gave rise to immediate cause DUE TO (e), steting the underlying CORONARY SCLEROSIS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? PULMONARY EDEMA . ANGIOMA LIVER, SOLITARY IK NO 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Irem 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (Stelle) factory, street, office bldg., etc. While Not While Hour a.m. et work i et work 13/62 to 2/13/62....., 19....., that (X) (we) last (this hospital) attended the deceased from 2:05 PM 2 13/63 19......., and that death occured at .P., M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 4/62 ADDRESS 22c. PHYSICIAN'S RUSSO, M.D. VAH, BALTO, 18 MD FT HOWARD DIVISION CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF MAME OF ន្ទិត្តិនិ ENNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **ADDRESS** YR A15 (4) 15M 9/60 DATE



NO STATE DEPARTM	ENT OF HEALTH		
			LAND
XAMINER'S CERTIF	ICATE OF DEA	TH 0151	6 _
			e before edmission
MARYLAND	Md.	Baltimo	re
		Is write RURAL and give n	eerest town]
		3 VO1	- <u>- +</u>
			o, IS RESIDENCE ON A FARM?
			YES NO K
	OF		1667
			1 662 IF UNDER 24 HRS.
La tak minkler	last birt	hdey) Months Deys	Hours Min.
Taran I I			WHAT COUNTRY
Balt	imore.Marvland	U.S.	Α.
' '		,	
Ma	rgaret Elliott		
SECURITY NO 17 INFORMANT			_
!	Et E.Silver, 6 Ma	aple Avenue,	Zone 6
		INTE ONS	RVAL BETWEEN JET AND DEATH
Alcoholism			
ING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(e) 19	. WAS AUTOPSY
			PERFORMED? ES ₩ NO □
	ury in Pert I or Pert II of Item 18.)		
e quantity of alco	hol		
		(County)	(Slete)
77 11110		Balto.	Md.
described above, held an Autopsy	X. Inspection	Inquiry, and i	in my opinion
	ш	ned manner X	
	_ w		
M.D.			ATE SIGNED
	-	reb.	25, 1962
		y, town, ar country)	(Siete)
len Haven Cemetery	Glen Bur	nie, Maryla 1	nd
	24a. REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNATU	RE
reet,Baltimore 2	DATES 2 7 162 C	Inthun & thouse	
	AND RECORDS, 301 W. P XAMINER'S CERTIF MARYLAND MGTH OF STAY IN 16 DERADFORD LEVER MARRIED B. DATE OF BIRTH DIVORCED July 26, 1 BUSINESS OR INDUSTRY II. BIRTHPLA Balt 14. MOTHER'S MA L SECURITY NO 17 INFORMANT O-2165 Mrs. Margare (a), (b), and (c)] PALCOHOLISM INGTO DEATH BUT NOT RELATED TO THE COCCURRED 20a. PLACE OF INJURY (Fectory, street, office of work with the street of the street o	MARYLAND NGTH OF STAY. N 16 NGTH OF STAY. N 16 NG STREET ADDRESS M ddle Last M ddle DEADFORD REVER MARRIED DIVORCED JULY 26, 1930 BUS.NESS OR INDUSTRY 11. BIRTHPLACE (Stete or fore gn country) Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Margaret Elliott L SECURITY NO 17 INFORMANT O-2165 M'S. Margaret E. Silver, 6 Mis (a). (b). and (c)) PACCURED Alcoholism ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WINJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) COCCURRED COCCURRED OCCURRED OC	AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY XAMINER'S CERTIFICATE OF DEATH 0151 ***XAMINER'S CERTIFICATE OF DEATH 0151 ***MARYLAND** NGTH OF STAY IN 16 Baltimore 6 CITY OR TOWN (If outside corporete m is wire RURAL end g ve m Baltimore 6 STREET ADDRESS 3918 Frankford Ave. Last 4. DATE OF BIRTH DIVORCED July 26, 1930 BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or fore gn country) Baltimore, Maryland 14. MOTHER'S MAIDEN NAME Margaret Elliott U.S. Address Margaret E.Silver, 6 Maple Avenue, (a), (b), and (c)] WINJEY OCCURED. (Enter nature of injury in Pert I or Pert II of Pert II of Pert II or



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01533 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1 5 1 cremation 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission PLACE OF DEATH a. COUNTY o. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and also regrest town BALTIMORE MIDDLE RIVER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. IS RESIDENCE ON A FARM? GLENN L, MARTIN PLANT 1122 Hewitt Way YES NO X NAME OF Middle 4. DATE Month DECEASED OF DEATH 62 Feb. (Type or print) Earl 19 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE th years IF UNDER TYEAR! IF UNDER 24 HRS. fost birth Months WIDOWED [JUNE DIVORCED | MALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working line, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Pounds Virginia Martin CO. Jani**to**i Glenn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Sowards Branham ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1122 Hewitt Way Balto/5, Md. Emma Jean Branham 26 7905 214 Mrs 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN Oce lusion PART I. DEATH WAS CAUSED 8Y: min OFONAT IMMEDIATE CAUSE (a) **DUE TO** Canditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 13 YES T NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) lactory, street, office bldg., etc.) a. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Languity and find that death resulted from: Natural causes A-Accident , Suicide , Homicide , Undetermined cause DATE SIGNED ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER 4-NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, (Stote) 0 GARDENS OF FAITH MD. BALTIMORE COUNTY 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(5) 17 4 11 INC. BALTIMORE MD. SANDER & SONS DATE OF B 5M 9/55



	W.	- 1
1	11	- 3
	11	-1
205	0	-1
1		- 1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	U	1934		CERTIFICA	ATE OF DEATH	1		3151	8	
	PLACE OF DEATH a. COUNTY	14.1		MARYLAND	2. USUAL RESIDENCE (W		ed If institution: I	Residence befo	are admiss	ion)
		altimore				yland	If the the District	177.	·	
	b. CITY OR TOWN (IF RURAL and give new Catonsv	arest tawn)	its, write	c. LENGTH OF STAY IN 16	Baltime		limits, write KUKA	rr oua give ne	drest tawn	1)
	d. NAME OF HOSPITA	AL (If not in haspital, i	give street	address)	d. STREET ADDRESS				e. IS RES	IDENCE FARM?_
L	House In T	he Pines			3701 Pa	tterson	Avenue		YES 🗌	ио 🔀
3.	NAME OF DECEASED		rs\$	Middle	Last	4. DATE OF	Manth		ay 1	Year 4.3
_	(Type or print)	Ed		M.	Bray	DEATH	Februa			19 62
5	SEX	6. COLOR OR RACE	1	NEVER MARRIED	B. DATE OF BIRTH	ام طاحات الما	AGE (in years IF I	anths Days	Hours	Min.
10.	Female		WIDOWI		December 1			12. CITIZEN O	5 14/11476	Coult ITDV
	during most of worki	ng life, even if retired	dane 10b.	KIND OF BUSINESS OR INL	USTRY 11, BIRTHPLACE (State		" _	U.S.		.OONTKT
-	At Home				Baltim or e		Ianu	U.D.	A.	
13.		as MaCam	4		Unknow					
15	WAS DECEASED EVER	ce McCar		SOCIAL SECURITY NO 17.	INFORMANT	,k	Address			
{Ye		I yes, give wor or dates of	reuwicej	G	. E. Bray 370	l Patter		enue		
H	IR CAUSE OF DEA	TH. (Enter only one of		ne far (a) (b), and (c).					TERVAL BE	TWEFN
L		H WAS CAUSED BY		Vie - 1	1 martti			ON	SET AND	DEATH
Н	1110	IMMEDIATE CAUSE (d	,	1 Greanais	y convery or	(Carrier)			1120	20
	Canditions, if an	04 +	160	Ratnessall	rotin Carlo	-Vana.	Sen Stine	~ (100	7
	gave rise to in	mediate (5)	CONTRACTOR	yar pano	- June	a record	. —	<i>/-</i> /	
	lying cause last.	he under-	n\							
CATION	PART II. OTH	ER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERA	AINA, DISEASE CO	ONDITION GIVEN	IN PART 1(a)	19, WAS PERFO	AUTOPSY RMED?
2									YES	NO 🖾
CERTIFI	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S JNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Part I or Port II :	of item 18)			
SAL		f Manth, Day, Ye	ar 20d, II		PLACE OF INJURY (Hame, for		town)	(County	}	(State)
MEDICAL	Hour o.m.	19	While at war	IAOL MULIE	factary, street, affice bldg., et	C-1				
	21. I certify that	(I) (this hospita	l) attend	led the deceased fran	9-819	261 to	2-22-	1962, 1	hat (I) (wej lasi
	saw the decease	ed alive ane	2-23	2- 1962 and that	death accurred at 12	Z.M, fram the	e causes and o	on the date		
	220 SIGNATURE	116	21		ATTENDING . A	MED	STAFF		221	DATE S GNED
	Tilon	of. for	Cag	4	M D PHYS	PRECTOR	PHYS 🗆	, r	1/03	162
	22c. PHYSICIAN'S NAME (Type)	Vilorier 1	X. G	allager M	Di 62093	bricks	Eve. B	182	8,77	M
23	BURIAL, CREMATIO		_	23c NAME OF CEMETERY			N (City tawn, are		(Stat	e)
I	Burial (Specify)	2/26/6	2	Loudon F	ark Cemeter	<u> </u>	imore, l			
	FUNERAL DIRECTOR'S	Armacost	- NYL	MANUEL TO		C'D BY REGISTRAR				
	DTT 9 MOT (II	ATIMACOS	-100	orment's ugu	ts.Avenue	0 4 1 02	1 11 4	S. Than	4	

U



1 1 1 D	Them 21 Film 507 2-1 MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	### ### ### ### ### ### ### ### ### ##	
HEALTH DEPT.	1. PLACE OF DEATH) 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmis	sion)
Page les.	b. COUNTY b. COUNTY	,
S S S S S S S S S S S S S S S S S S S	b. CITY OR TOWN (if outside corporate l.mits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate l.mits, write RIPAL and give nearest lown)	_
necessary ector. Page cour f les.	write RURAL and give nearest town)	
No. of the last of	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	NCE
delay	22 Glenmore Ave. 22 Glenmore Ave. VES NO	
fune fune aine. State sath.	3. NAME OF / First / Middle Last / 4. DATE Month Day Year	135
If a the rest of t	(Type or print) Arthur Howard BUCHMAN DEATH Feb. 10 1962	
3 to 2 to 2 to 3 to 3 to 3 to 3 to 3 to	5. SEX 6. COLOR OR RACE 7 MARDIED IN INVESTIGATION 18. DATE OF BIRTH 19. AGE (In years I F UNDER 1 YEAR) IF UNDER 74	
ma)	Male White WIDOWED DIVORCED 8-3-1919 122birthday Months Days Hours M	n,
affer 2,2,6 or 5 or 5 brod 2	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12, CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or loreign country)	TRY?
Page 1 a	Mail Carrier U.S. Postal Comp. D.71	
24 ho ve Pag PM3. page:	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U.S.A.	*
	Howard Buchman Grace Lambert	
+ · · · · · · / ·	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesgivewarordelasofservice)	•
ted will tem 18, with formall, any en	Yes WW 2 218-05-7068 Mrs. Nadia Buchman 22 Glenmore Ave (RTERVAL BETWEEN	
	DADEL BEATLAND BEATLA	7
execution in a sound in a sound in and in	IMMEDIATE CAUSE (a) Carbon monosial poisoning	_
= =	872,9 DUE TO	
should by in personal should by Office a burial	Conditions, if any, which (b)	_
	(a), stelling the underlying DUE TO	
0 5 = 0	cause last. (c)	
	PART II OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTO PERFORMED PERFORMED YES NO NO NOTICE PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING OF CONTR	SY /
This wor edical ould be	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.)	<u>X</u>
アナッド ディス	E RAINARY ☐ OF CONTRIBUTING ☐ D CAUSE OF DEATH.	
Z Can b W		
M. F.O. Bo	Hour a.m. While Not While 1 fectory, street, office bldg., atc.)	
————————————————————————————————————	The state of the s	_
	21 Certity that I took charge of the remains described above, held an Autopsy Inspection	λΠ
L S T M S	CHIEF MEDICAL EXAMINER	
the the pile of the pile of a	ACTUAL ACSISTANT MEDICAL EVAMINED AT DATE STANTED	
BAL ignali		
= ଅଞ୍ଚଳ୍ଲ ଅଞ୍ୟା	EXAMINER'S R. BREITENECKER, M.D. Address (Street, city town or county)	
DEP passe shoul FUN its do	22a BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) (State)	
5 g 4 5 p	Burial 2-14-62 Holy Reedemer Cemetery Balto. Md.	
VS. AISME	23. FUNERAL DIRECTOR 1 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	
5M 9160 A	Lassahn den Hone 740 Stair o. DARER 14'62 . x mil	
A &		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYEAND CERTIFICATE OF DEATH 015361. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporete limits, write RURAL and give neemst town) write RURAL and give nearest town) 9 Days Baltimore 24 Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (I not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 540 North Payson YES NO 3 Veterans Administration Hospital executed DECEASED 19 62 (Type or print) MALLITW T. BUTTLER DEATH February and cor 6. COLOR OR RACE 17, MARRIED X NEVER MARRIED F UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) last birthday) July 8,1905 Male Negro WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE County & State, or fore gn country) dona during most of working life, even if retired) Plymouth, Virginia U. S. A. Radiation Co. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lilly Howard John Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17 Inical Records, VAH, Baltimore 18, Maryland (Yes, no, or unknwn) (If yes give wer or detes of service) FORT HOWARD DIVISION INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) UNKNOWN PART I, DEATH WAS CAUSED BY: SUBACUTE GLOMERULONEPHRITIS IMMEDIATE CAUSE (6) WITH UREMIA Conditions, if any, which geva risa to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA E CONDITION GIVEN IN PART ((a)) 19. WAS AUTOPSY PERFORMED? 1. Uremic Pericarditis and Gastritis 2. Passive Congestion of Lung. YES X NO liver and spleen 200. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) [County] (Stata) Month, Day, Year factory, street, office bldg., etc.) Hour am, Not While et work at work 1962, to February 21. I certify that (f) (this hospital) attended the deceased from Pebruary. 6 saw the deceased alive on February. 15.. 19.62., and that death occured at A.M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS, DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S RUSSO, M.D. VAH, BALTO. 18, MD., FORT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City, town or county) (0 d Baltimore National Cemetery Baltimore 28, Maryland D P 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE FEB 2 15M 9/60 Elroy O. Wilson Funeral Home Baltimore 17.Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01521 01537 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Daltimore death. b CITY OR TOWN (If outside corporate limits, write c. LENGTHLOF STAY IN 16 CITY TOWN (If outside/corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) REET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 🗖 NAME OF Middle 4 DATE Manth Year DECEASED DEATH (Type or print) 5 SEX 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Manths Hours WIDOWED T DIVORCED | 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 2 ğ . 5 remave 16 SOCIAL SECURITY NO 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 86 Hospite ending Records IIt. Jilson State Hospita CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (d) gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture injury in Port I or Part II of item IB.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUST OF DEATH 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at wark at wark p. m. 2). I certify that (1) (this hospital) attended the deceased fram.... sow the deceased alive on 2_19_6. Fand that death occurred 41. From the couses and on the date stoted above. 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF M D DIRECTOR [PHYS 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) Hewcoser. H.D. Superintendent Wilson State Hospital DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BLR AL CREMATION 23b. 23d, LOCATION (City tawn, or county) (Stote) 256, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 25o. REC'D BY REGISTRAR 28 DATE 15M II/S9

. 1

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11538 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission) B. COUNTY b. COUNTY MARYLAND · 보고 부 Baltimore Marvland Baltimore b. CITY OR TOWN (if outside corporate im ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! Owings Mills
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) Baltimore d. STREET ADDRESS Rosewood State Training School 529 N. Carrollton Ave DECEASED DEATH (Type or print) Casley 8. DATE OF BIRTH ebruary LO 6. COLOR OR RAC AGE (In yeers and c 7. MARRIED 🔲 NEVER MARRIED 😿 last birthday) Months WIDOWED [DIVORCED Male 10e. USLAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, M. Mother's MAIDEN NAME None Blanche Livers Johnnie Casley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give we randates of service) None Clinical record at Rosewood 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) on. DUE TO Conditions, if eny, which gave rise to immediate ceuse **DUE TO** (a), steting the underlying causa lest. PART II OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY Control of the 3 to mices cashed y early of the figure of injury in Port I of Port II of Itom 18.)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm. 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that M (this hospital) attended the deceased fromAug. 12.......... 1957., to Feb. 10........... 19.62 that (1) (we) last 22a. SIGNATURE ATTENDING DIRECTOR PHYS.

5 L VR A15 (4) 15M 9/60

within

death certificate be executed

24 FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d, LOCATION (City, lown or county

mush 35

250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Roseward State barning School

22d, ADDRESS

Chilwy S. Thomas

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO ·

(Stata)

22b. DATE

(State)

SIGNED

Davs

U.S.A.

.

.

7 . 4 . 4

death. Page may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pays be filed with the State Dept. of Health prior to burial, cremation, or removed, and in ally event within 72 hours after

by the funeral

The law requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN:

TO HOSPITAL

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01523 01539

	1. PLACE OF DEATH B. COUNTY	2. USUAL RESIDENCE (Whare deceased fixed, if institution: Residence before admission) e. STATE b. COUNTY							
)	Baltimore MARYLAND	Maryland Ealth							
-	b. CITY OR TOWN (if outside corporate tim ts, c LENGTH OF STAY IN 1b write RURAL and give neerest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Catonsville	X Woodlawn_							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?							
	Shady Nook Convalescant Home	2109 Lukewood Drive #7 YES NO]							
	DECEASED	OF							
	(Type or print) Louise L. 5. SEX 16 COLOR OR RACE, 7 MARRIED TO SEVER MARRIED TO B	Cassels DEATH February 18 19 62 DATE OF BIRTH 9. AGE (In years IF UNDER 14 HRS.							
Z	7. MARKIED NEVER MARKIED	last birthday) Months Days Hours Min.							
	Female White WIDOWED DIVORCED 10. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	13y L, 1870 91 yrs. 1 12 CITIZEN OF WHAT COUNTRY?							
	done during most of working life, even if retired)								
	Retired Housewife	Wisconcin USA							
	J. M. Chambers 15. Was deceased ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Jane E. ?							
	(Yas, no, or unkown) (If yas give war or datas of sarvica)	r. Robert C. Cassels-2109 Lukewood Drive #7							
	NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I DEATH WAS CAUSED BY:	ONSET AND DEATH							
		ficiency 1 month							
	Conditions, if any, which to (b) Arteriosclerotic	cardio-vascular dicease ?							
	gava risa to immediata causa	Cardio-Vascular disease							
	(a), stating the underlying DUE TO								
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
)	PART II OTHER S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER]	PERFORMED?							
	20%. ACCIDENT WAS UNDERLY NG 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of .tem 18.)							
	O Zum	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)							
-	Hour m.m. While Not While lact p.m. 19 at work at work	ory, sneet, other brug., etc.)							
	21. I certify that (I) (this hospital) attended the deceased from	June 28, 1961., to Feb. 18, 192., that (I) (we) last							
	saw the deceased alive on FRD . 17	death occured all.030M, from the causes and on the date stated above.							
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED							
	axerge Arups	D. PHYS. DIRECTOR PHYS. February 19, 1962							
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
	George A. Knipp N.D.	4116 Edmondson Ave.							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY								
	Cremation 2-21-62 Loudon Park	Crematory Baltimore Md 256. REGISTRAR'S SIGNATURE							
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	h. 1							
J.	11 y Michig Apro Ysalte 17	121 DAFEB 2 0 '62 1							

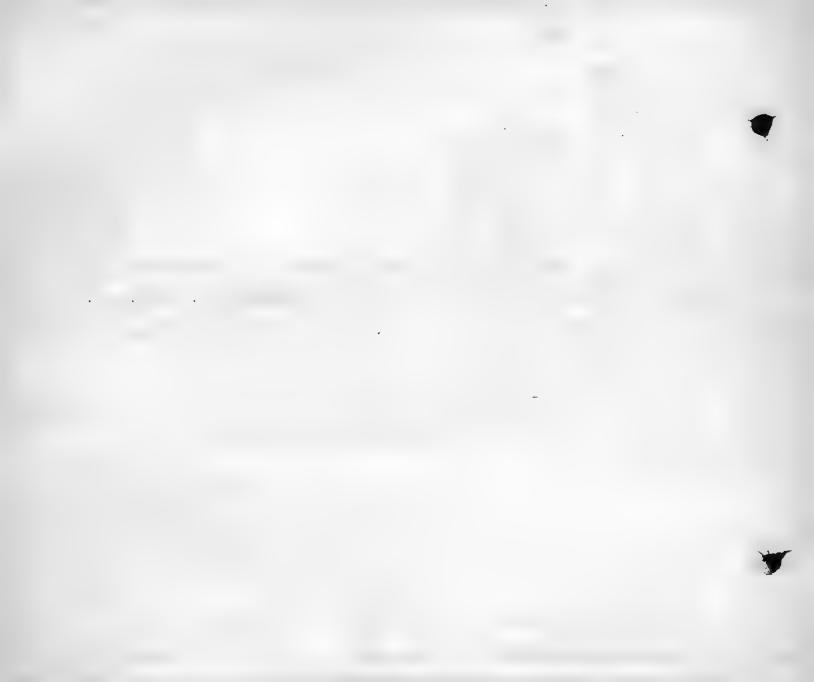


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) e. COUNTY Balti more b. COUNTY Larvland MARYLAND b. CITY OR TOWN (if outside corporate I m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and giva necrest town) Write RURAL end give neerest town) 3mthl8dys Takoma Park, Mary Land d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? SPR ING GROVE 125 Ethan Allen Avenue HC PITAL YES NO 3. NAME OF First Middle DECEASED Virginia (Type or print) Jessamina Charles DEATH February 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE IIn yeers | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS last birthday) femal e WIDOWED X D. VORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) clerical Mary land 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME nding p please Alvin W. Ynves Then ple Landonia Lutton 15. WAS DECEASED EVER N U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or detes of service) Records: HUSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular dis ase geve rise to immediate cause **DUE TO** (a), stating the underlying PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART [10] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) Month, Dev. Yeer (County) (Stete) fectory, street, office bldg., etc.) Whie Not While Hour & m. at work at work 1961 toFeb 26 19...62that (I) (200) last (this hospital) attended the deceased from ... Dec ... 8. saw the deceased alive on 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SPRI (G HOJ, TTAL Stella wachsler, M. D. NAME (Type) CaTons ville 28, Raryland 23a, BURIAL, CREMATION, 23b DATE THEREOF CEMETERY OR CREMATORY (State) 0 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 PUNERAL DIRECTOR'S VR A15 [4] a lung S. Thrus 15M 9/60



Reg. Dist. No. 1525 01541 **CERTIFICATE OF DEATH** 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAY (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO in b and NAME OF First Middle 4. DATE Doy Month Yeor filled DECEASED executed within 24 DEATH (Type or print) 1967 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED pletely B. DATE OF BIRTH lost birthdoy) Months WIDOWED [DIVORCED | 6 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U S. ARMED FORCEST INFORMANT altending 413-01 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which gned (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUXOPSY PERFORMED? burial YES 🖂 NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INSURY Doy, 20e PLACE OF INJURY (Home, farm, 20f (City or town) Yeor 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. White Not while at work of work p. m. 4, 1962 that I last saw the deceased I certify that I attended the deceased from and that death occurred at ______ alive on _M, fram the causes and on the date stated above. 0 DATE SIGNED ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b DATE THEREOF LOCATION (City, town, or county) 22c. NAME OF CEMF OR CREMATORY (State) REMOVAL (Specify) å O ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE VS A 15 (4) S. Through 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I m ts, write RURAL and give nearest town) write RURAL and give nearest town) TOWSON d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRES m. 15 RESIDENCE ON A FARM? YES NO 3. NAME OF First M.ddle 4. DATE Day Year Month DECEASED OF (Type or print) 19 and col 9. AGE (In years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthdey) Months Hours Min. WIDOWED I DIVORCED physician 1Da, USJAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY! County & State, or loreign country) done during most of working life, even if retired) HOUSEWIFE Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BROWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknown) (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter on y one cause INTERVAL BETWEEN line for (a), (b) and (c).] ONSET AND DANTH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) **burial-t** geve rise to immediate cause **DUE TO** (a), steting the underlying ceusa lest. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO P CERTIFICA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 21. I certify that (I) (this hospital), attended the deceased from. ... and that death occured at J.A.M. from the causes and on the date stated above. saw the deceased alive on 22b, DATE 226, SIGNATORE ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 238. BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or county) (State) REMOVAL 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 DATE FEB 9 circher S. Flours 15M 9/60

24

MARYLAND STATE DEPARTMENT OF HEALTH



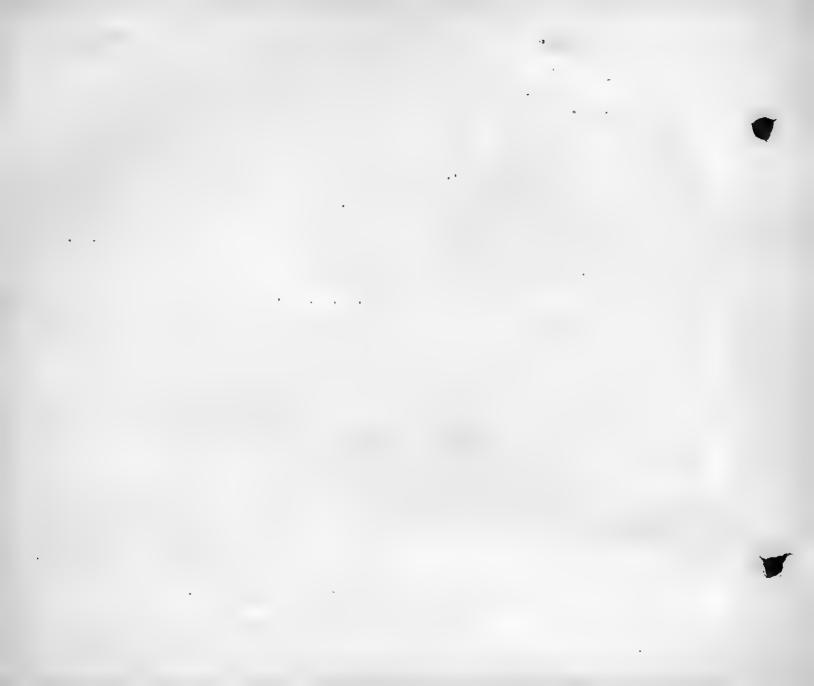
VR A15 (4) 1SM 9/59

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
----------	-------	-------------------	----	--------

01527

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 01543

)[1	PLACE OF DEATH COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE B. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Garrison, Md.	Orlando 4*X %
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
	Foxleigh Convelescent Home	Formerly of Orlande, Florida ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) ANA J.	Clark 4. DATE Month Day Yeor DEATH February 3, 19 62
S	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	Aug. 12, 1876 Ost by thdoy) Months Doys Hours Min
10	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	ISTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	Retried Homemkaer	Missouri U. S. A.
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
) -	James Moses	Elizabeth ?
13	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 I	NFORMANT Address
\[\(\cdot \)	(If yes, give war or dates of service) NO	rs. E. L. Grimes-Golf Course Rd-Owings Mills, Me
Г	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	one of colors the total
	DUE TO	The state of the s
	Conditions if any which)	
	gove rise to immediate	
1	couse (o), stoling the <u>under-</u> lying couse lost.	
2	(4)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION	TAK 11. OTTEK STONIELENT CONDITIONS CONTINUED THE TO BEATTING	PERFORMEN? YES IN NO VI
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Port II of item 18.)
I CERTICI		D. LERIER ROTURE OF INJUSY IN POST TO FROM TO GENERAL TO.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slote)
1 2	p. m. 19 of work of work	
	21 I certify that (I) (this-haspital) attended the deceased from	19 Blk., 1961, to 3716, 1962, that (1) (we) last
	saw the deceased alive an 31 from 1962, and that	death accurred at \$\mathcal{L} AM, from the causes and on the date stated above
	220. SIGNATURED HE POUSE	ATTENDING MED STAFF SIGNED M.D PHYS MED DIRECTOR PHYS. 22b DATE SIGNED 21h 3 1912
	22c PHYSICIAN S	22d. ADDRESS
	NAME (Type) Paul H Royse	1403 Fuley La Tikesville 8 Md
2	30 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City town, or county) (Stote)
	REMOVAL (Specify) Cremation 2-5-52 Loudon Park	
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	Wan O Auchord & love Gestimore 19	27 / DATE FEB 5 '62 Curion & Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) BALTIMERE a. COUNTY O. STATE MARYLAND 5. COUNTY ANHE ARUNDE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest lawn) RURAL and give nearest town)
BALTITURE SUR 5 days. BALTIMORESUB SURSET BEACH d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS SUNISET BEACH, PASADENA CAPTAINS COURT, ON A FARM? YES NO P NAME OF 4. DATE OF DEATH LECKNER DECEASED MARGARET MARY FER. (Type or print) 1062 9 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Haurs | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH CHOBER 71901 DIVORCED [WIDOWED | 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working lifer even if retired) PINNSYLVANIA. CANITED STATES 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME SEEPH DUNN Hot known R Address Court, BAKTO MO CLECKNER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT MR THOMAS NO 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Lardiac PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 2 weeks **DUE TO** Respiratory Intection Conditions, if only, which gave rise to immediate Arterioscleratio Heart Dicease DUE TO cause (a), stating the underlying cause last. PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO R 20th ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or lown) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 27 I certify that (I) (this hespital) attended the deceased from Febr. Tel. 21 . 1962_, that (1) (we) last Feb. 20 1962, and that death accurred at _____.M., fram the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE Cent A. Yanley M D PHYS MED STAFF PHYS T 22c. PHYSICIAN'S NAME (TYPE) KEITH - A. MANLEY 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (Stole) Feb. 26. 1962 Holy Cross Cem. Ritchie Hev. A. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 4001 Ritchie Hwy. DATE FEB 2 7 162 C'it wis of , James George . Gonce

LAND STATE DEPARTMENT OF HEALTH



1 /	П	MARYLAND STATE	DEPARTM	ENT OF HEALTH—BALT	IMORE, 18	
25		01545	CERTIFICA	ATE OF DEATH	Reg. Dis	.01529
director with		o COUNTY Baltimore	MARYLAND	o STATE Y Mary land	lived If institution Residence b. COUNTY Back	4
(M)		PLIPAL and give pagest town?	OF STAY IN 16	c CITY OR TOWN (frontside corpor		ive neorest town)
X		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INST TUTION SARAH		Standbury Mil	y Ri.	15 RESIDENCE ON A FARM? YES NO
es 1 an	3.	NAME OF DECEASED Manguerite	Middle C	Clough 4. DATE OF DEATH	7 16	Day Year 162
. . 70g	5.	Female White widowed to	ER MARRIED DIVORCED	8. DATE OF BIRTH March 23, 1900	Bank to while it was	1 YEAR IF UNDER 24 HRS. Doys Hours Min
oon pape r death.	104	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8U during most of working life, even if retired) A Blacwell.	ISINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign con Wary land	unity) 12. CITI	ZEN OF WHAT COUNTRY
of the Court	13.	Andrew Webster Jon	25	Serrah Jane	Sterne.	,_
T hours	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC		Morey Clough	- Phomis	, Md.
e arrena en pleas nt within	Г	18 CAUSE OF DEATH [Enter only one couse per tine for [o], [b] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).		occlusion		MINIERVAL BETWEEN ONSEY AND DEATH
d by the mit. The any ever		Conditions, if ony, which gove rise to immediate	osclev	work's cardie wa	scular	years.
nsit per and in		cause (o), stating the <u>under-</u> lying cause lost. Cause (c)		Olooks		0
nos bee	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIGITALS MELLITURE				1(a) 19 WAS AUTOPSY PERFORMED? YES NO 🖎
a the bu	AL CERTI	OR CONTRIBUTING CAUSE OF DEATH		D (Enter nature of injury in Port I or Port		
this cer or use a rematio	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCU. Hour e. m. 19 While Not wer of work of work	ule fo	ACE OF INJURY (Home, farm, 20f (City ctory, street, office bldg., etc.)	or town) (C	aunty) (Stote)
c. Arrer sched fo purial, c		21. I certify that I attended the deceased from alive an full 10			the causes and an th	ast saw the decease ie date stated abave
or ro		ACTUAL Elisbach Between	/	MD. Cockeyoville	eel, city or lown, state)	R/16/62
should should istrar pr		PHYSICIAN'S Elizabeth B Shenr	: U, AD	/		
page 3		1 De 20-1962 7	OTTOME	tark Da	any (C ty. lawn, or equally)	Mayland
15 (4)	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	31 Falls	Read DATE FEB 1 9 16		Hima Hima
g.		Horner to	Delmago			





01547 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Md. Baltimore CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lifetime Stevenson Md. Stevenson .Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Halcyon Rd. Stevenson Md. Halcyon Road YES NO TY 4. DATE 3. NAME OF DECEASED Middle Month Day DEATH (Type or print) Frank Cockey 19 62 Elmer February 5 SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF JNDER I YEAR IF UNDER 24 HRS lost birthdoy) Manths Days DIVORCED | WIDOWED | Male 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Self-employed Baltimore Co. Md. U.S.A. Trucking 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie Parks George D. Cockey 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Stevenson, Md. Ġ, Mrs. Ellen M. P. Cockey Halcyon Rd. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH YENTILLA TORY INSUFFICIENCY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO AMYOTROPHIC LATERAL SQEROSIS Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last PAIR II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 🖟 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 2) I certify that (1) (this hospital) attended the deceased fram_ and that death accurred at I B.M. from the causes and an the date stated above saw the deceased alive on **ATTENDING** a M D DIRECTOR [22d ADDRESS 22c. PHYSICIAN'S Park Ave. Baltimore Md. Carlton L. Sexton M.D. page 3 the Stat 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Ridge Cemetery Pikesville 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TI . T Hande

AND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2/9/02 LWY HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daggessed lived, If Institution: Residence before edm sson) a. COUNTY b. COUNTY Page timore Marvland files. Baltimore MARYLAND b. C.TY OR TOWN lif ouls'de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Sparrows Point (19) Sparrows Point 32 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? th. If any dela to the funer be retained 916 H street 916 H Street YES NO.K State death. 3. NAME OF First Middla 4. DATE Month Year DECEASED OF the (Typa or print) DEATH COHILL.Sr. February 19 death. 5. SEX 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. with 8. DATE OF BIRTH ige 5 may and 2 with 72 hours a last birthday) Months and 28.1898 June DIVORCED T male WIDOWED [10a. USUAL OCCUPAT ON (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, Page done during most of working life, even if retired) Stee. Pennsylvania TISA Chief Provider pages 1 P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hanna Donvin Michael Cohill File form 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unknown) I (tryas giva war or datas of servica) same as #2 Helen H.Cohill in pencil in Item 18. CAUSE OF DEATH [Enter only one cause payling for (a), (b), and (c). INTERVAL BETWEEN erlisson (-U-Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) certificate should be DUE TO removal, Conditions, if any, which {b} gave rise to immediate couse "pending" TQ. Examiner's DUE TO 92 (a), stating the undarlying cause last. used a cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19, WAS AUTOPSY CERTIFICATION PERFORMED? Pe e word YES NO X Medical plnods 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | DICAL EXAMINER CAUSE OF DEATH. Chief 3 age 3 sto puri the certificate, writing 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) factory, street, office bldg., etc.) 2 Whila Not Whila Hour e.m. # # # at work at work prior should be forwarded to the FUNERAL DIRECTOR: its designated agent, prior 21. I certify that I took charge of the remany described above, held an Autopsy Inspection [and 'n my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 62 please exect A should be DEPUT EXAMINER'S Melvin B. Davis, M. D.

ON 225. Date thereof 22c. Name of Cemetery or Crematory NAME (Typa) 22a, BURIAL, CREMATION. 22d. LOCATION (City, lown, or country) (Stata) REMOVAL (Spacify) ò Buria] timore National Baltimore. Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME -1 & Henris Brooks Bradley, Inc., Dundalk 22, Md. FEB 6 5M 9 6D

MARYLAND STATE DEPARTMENT OF HEALTH



1.	3		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MA	RYLAND
			01549 CERTIFICATE OF DEATH 015:	33
after			. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Res	danca before edmission)
hours y the fu and 2 sh	M		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neeras) town) a. STATE b. COUNTY C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neeras) town)	1 to
ithin 24 in b		-	d. NAME OF HOSPITAL OR INSTITUTION (K not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	9. 15 RESIDENCE ON A FARM?
etely (NAME OF 1901 Comes Ave Modele Last 1 DATE Month	YES NO Yaar
e execu d comple bom pap within 7		_	(Type or print) 6. COLOR OR RACE 7. MARR ED NEVER MARRIED 8. DATE OF BRITH 9. AGE (In yours 11F JNDER 1 YE last birthdey) Months 1 De	
icate b cian and ave carl event, v			Mala White WIDOWED DIVORCED May 11 1880 81 VIS.	N OF WHAT COUNTRY?
h certil s physicse remi		1	3. FATHER'S NAME MET Retired 14. MOTHER'S MAIDEN NAME	·S. A
e deat rending re plea l, and	(I)		Jhomos Comes Thomos (Tohe Address) 16. SOCIAL SECURITY NO. 17. INFORMANT	-
that the all the all it. The emoval		(10	(Yes, no. or unkown) (Ifyes givewar or datas of sarv'ce) 215 408701 Mary M. Comes 7901 Com.	INTERVAL BETWEEN
hysicia hysicia ned by if merm			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Topic absorption	onset and death
law reding posen sign			Conditions, if any, which (b) Melanoma geve risa to immediate ceusa	2 years_
r attenhas be has be e Imia			(e), stating the underlying DUE TO cause test. (c)	(
ICIAN spital o fificate e as th rr to bu		CERTIFICATION	PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	PERFORMED?
PHYS. the hoselfhis cert for set		1 7		
ned by After After of Hea		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF, NJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., afc.); p.m. 19 at work at work	/) (Stata)
ATTEN Se refail CTOR Id be			21. I certify that (I) (this hoppital) attended the deceased from. Noveltables, 1960, to February 8., 196: saw the deceased alive on 6 helping. 1962, and that death occurred at A.M., from the causes and on the	that (I) (we) last a date stated above.
DIRE 3 shou			22a. SIGNATURE M.D. ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. D	22b. DATE SIGNED
Pag ER with th	1		22c PHYS.CIANS NAME (Type) NAME (Type) NAME (Type)	9 00-
HOS eath. FUN rector,		23	130. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, town or county)	(State)
ည္က ညီ ညီ ညီ VR A15 (4)	K	24	Burial de 12-63 St. De Seph Cem. Fullerton Mal Address Address 256. REGISTRAR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE 256.	SNATURE
15M 9/60	1	_	Dippel Bra 7,10 Beloin Rd. DATEFEN 13'62	



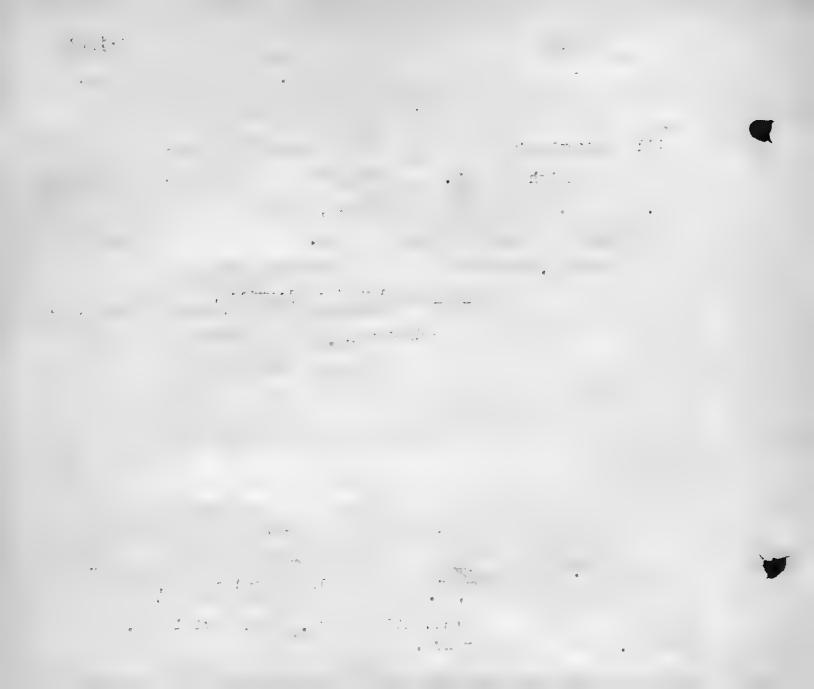
EET. BALTIMORE 1. MARY (Where deceased lived, If institutions Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c CITY OR JOWN of outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) alnow md engles d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAMEOR Middle A. DATE DECEASED OF (Type or print) DEATH COLOR OR RACE TO MARRIED THEYER MARRIED 5. SEX 9. AGE (In years | IF UNDER YEAR IF UNDER 24 HRS last birthday) Months Devs WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY ACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. | 17. (Yes, no, or unkown) | (If yes give war or detes of service) 18. CAUSE OF DEATH Enter only one cause per line for (e), (b) and (c). IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gaye rise to immediate cause **DUE TO** (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 81 19. WAS AUTOPSY PERFORMEDI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Not While factory, street, office bldg., etc.) While Hour e.m. et work st work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry L and in my opinion death resulted from: Natural causes V. Accident Homicide Undetermined marner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SATE SIGNED FUNERAL its designate SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county, 220, BURIAL, CREMATION, 22d. LOCATION (City, town, or country REMOVAL (Specify) 40 6 Δ 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Jo S. France 5M 9/60



within 24

requires that the death

RYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
ATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ALE DEDT	0155 REDICAL EXAMINER'S CERTIFICATE OF DEATH 01536
DEPI.	PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before edmission) e. COUNTY
	BALTO, MARYLAND STATE TOTAL B. COUNTY Balton
1)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown)
ソヒ	Baltery 8 200 X Balter
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	L300 Lulisty Rel 1300 Zibes Cy Kel YES NOW
3	NAME OF First Middle Last 4. DATE Month Dey Year DECEASED
	(Type or print) VICLET MAY ORISWELL DEATH FLC 17 1962
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BATH
Л	Jennale Wind WIDOWED DIVORCED DIVORCED DIVORCED
1	Da USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 1 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Howele. Home Ballo. 7.5a.
1.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Lawrence Knight Lina?
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give we ror detas of service).
1	21t Stroked & Crimenell - Sam.
ľ	18. CAUSE OF DEATH (Enter only one cause par lina for (e), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: "CARE FOR THE CALLES CAUSE (a) "CARE FOR THE CALLES CAUSE (b) "CARE FOR THE CALLES CAUSE (c) "CARE FOR THE CAUSE (c) "CARE FOR THE CALLES CAUSE (c) "CARE FOR THE CALLES CAUSE (c) "CARE FOR
	F 2 X DUE TO
	Conditions, if any, which (b) Thy petale 1220 C-V Lie Tage de. Carete 1
	geve rise to immediate ceuse [a], stating the underlying DUE TO
	Cause last. (c)
0	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED?
CERTIFICATION	YES NO X
12	20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING
	1-1 1-2111
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.)
WE	p.m. 127-1921 - at work at work 1 + Zz + LC.
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
	ACTUAL D. C. CAN CON M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
П	EXAMINER'S 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2	NAME (Typa) Address (Street, city, town, or county) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY [Steta]
1	BEROVAL (Spacify)
3	2 JURIAL D-20-1962 MAZUAILA MONOSTAL LECTOR LA REGISTRAR'S SIGNATURE
3	
	Lating Dyene 8 /28 therbylld. DATE FEB 21 '62 and , & Thomas
	// // Wand Hillshon, Ma.



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
700		01553 CERTIFICATE OF DEATH U1537
shoul	M)	1. PLACE OF DEATH a. COUNTY Raltimore 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admiss on) a. STATE Maryland b. COUNTY Raltimore
by the land '		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R. interest own P. interest own Reisterstown
	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Old Tanover Road old Tanover Road old Tanover Road old Tanover Road
pletely papers.		3. NAME OF first Middle Lost 4. DATE Month Day Year DECEASED (Type or pont) Linwood Morgan Cross DEATH Peb. 1, 1962 19
arbon partition		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yeers If UNDER 1 YEAR IF JNDER 24 HRS. IF JNDER 24 HRS. 19. AGE (IN yeers If UNDER 1 YEAR IF JNDER 24 HRS. IF JNDER 24 HRS. IT JNDER
g physician assertements of the same of th		10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if reflired) 12. CITIZEN OF WHAT COUNTRY: 13. FATHER'S NAME 14. MOTHER'S NAME
s attending Then pleas	T)	Valentine Cross Jennie Foward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Hyesgive were redetes of service) 275-32-1220 Mrs. Gertrude Cross, Reisterstown, Md.
or attending physician, to has been signed by if the burial-transit permit burial, cremation, or rem		18. CRUSE OF DEATH lenter only one case per time for (s), (b), end (ci) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DJE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. Conditions of the property
by the hospita er this certifica hed for use as fealth prior to	C	TOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in uny in Pert II or Pert II of Item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, 20t. (City or town), (County)
tained I		Hour e m. p.m. While Not While et work et work fectory, street, office bldg., etc.)
ath. Page may be referenced to the reference of the refer		21. I certify that (I) (this hospital) attended the deceased front. Saw the deceased alive on 2 196. 2 and that death occured 2 M, from the causes and on the date stated above 22al. S GNATURE ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE COMPANY. ATTENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S NAME Rype) A MCS G- F- A FELL PHYSICIAN'S NAME Rype) A MCS G- F- A FELL PHYSICIAN'S NAME Rype) A MCS G- F- A FELL PHYSICIAN'S NAME Rype) A MCS G- F- A FELL PHYSICIAN'S NAME Rype)
다 A15 (4)		234 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AMALOF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote) 23d. LOCATION (City, town or county) (Stote) Ealtimore County, '1. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
15M 7/61	B	J.F. Eline & Sons, Reisterstown, Md. DATE FEB 5 '62 Cuthun & Thunk

MANYLAND STATE DEPARTMENT OF HEALTH



100		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,	
		01554 CERTIFICATE OF DEATH 0153	8
ould suid		L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
조 호생	$\mathbf{V}(\mathbf{I})$	a. COUNTY BALTO - MARYLAND C. STATE 6. COUNTY OF	
Po The Post	×	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
24 in b		NIKESOILLE 30913 A PIKESOILLE	
rithings as a sea	A.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?	
d w	* 1	NAME OF FIRST Middle Last 4, DATE Month Day Year	
Scute and a scute	1	NAME OF DECEMBED (Type or print) ANALYSE Middle Last 4. DATE Month Dey Year OF (Type or print) ANALYSE CYUSEU DEATH 2 - 3 19 62	-
P C C F		5. SEX 6. COLOR OF RACE T MARDIED T NEVER MARDIED T 18. DATE OF BIRTH 1880 9 AGE (In years [IF UNDER 1 YEAR] IF UNDER 24 HRS	
and carb		Sewell 180 file widowed X DIVORCED 10-28-181811 St birthday) Months Days Hours Min	
ficale cian ove		10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	
hysi rem		Housewetz Home Dollo, Co, Md Wish.	
of bu		13. FATHER'S MAIDEN NAME	
de de la		15. WAS DECEASED EVER IN U.S. ARMED FORCES? MG. SOCIAL SECURITY NO. 17. INFORMANY	
t the alth Then oval,		(Yes, no sor unkgwn) (If yes give war or dates of service) Min Flitty 7. Rodans - 20/ Church	1
than the mit.		18 CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c).)	15
viras V Sicili M b Perr		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Cuturo - Schu olic heary desage ONSET AND DEATH	E E_
red phy phy signe si signe si si signe si si si si si si si si si si si s si si		2 10 a) DUE TO	
law Iding Sen Sen Sen Fen Fen		Conditions, if any, which (b) areway (MyDo-Clume MyWay) 2 ya	-
The arther as buril buril al, c		(a), stating the underlying DUE TO are led orline - scheme - scheme	_
CN.		Z PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT. ON GIVEN IN PART 1(e), 19 WAS AUTOPSY	
ICI spital lifica e as	1	PERFORMED? YES NO 1	and the same
hos hos cert	Ø ,	20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER)	
this set of the			
Affer Teche		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) Hour a.m. While Not While tactory, street, office bidg., etc.)	
ENTO Paine R: /		Charles and the second	
P P P P P P P P P P P P P P P P P P P		21. I certify that (I) (this hospital) attended the deceased from	
B P P P P P P P P P P P P P P P P P P P		saw the deceased alive on	
O E CO	1	Talage Welliam M.D PHYS. ATTENDING MED. STAFF DIRECTOR PHYS. The 3. Ga	a
Bage vilh		22c. PHYSICIAN PRESCION FREE CALLIFORNIA CONTRACTOR AND CONTRACTOR	
DSP CINE For,		Think E Mill William I Mills I Make I Mills	
The Pearly Street Stree	/	ASS-CURIAL, CREMATION 236 DATE THEREOF 238 NAME OF CEMETERY OR CREMATORY (Slate)	
H H	0	24 ISPORTAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
VR A1S (4) 15M 7/61	Spi	(1/ 0 d/) . 401 (2.0 - 1/1/00) 11 - 100	
	3	Selvel 1 1 fewer philotox of mai DATE PEB 5 182 Ochlar in town	:

8.6

YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH NEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY Wealth, rector. Posterior files. e. STATE b. COUNTY Baltimore Maryland MARYLAND Baltimore b. CITY OR TOWN (if outside corporata I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Woodbrook (Baltimore-12 50 years "nodbrook (Reltimore-10 d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B funer YES NO death. Died at his resodence Haddon Ave. 3. NAME OF Midd e 4. DATE DECEASED ss 1, 2, and 3 to the Page 5 may be retained 1 and 2 with the 5 1 72 hours effer de OF (Type or print) DEATH Jo seph Wilev Cushing February-11-62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF B RTH 9. AGE (In years 11 UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours WIDOWED I DIVORCED Aht-Aug-1888 te should be executed within 24 hours after Jing" in pencil in Item 18. Give Pages 1, 2, a ler's Office along with form PM3. Page 5 as a burial-trensit permit, File pages I and 1, br removel, and in any event within 72 ho 10a, USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) None None Baltimore City U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wiley Edmunds Cushing Emily Marriott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yasgive wezordatas of service) none Wir. H. P. Stone (friend.) 18. CAUSE OF DEATH (Enter only one cause per has for (a), (b), and (c).] LINTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (6) SDICAL EXAMINER: This certificate sho be difficated by the word "pending" forwarded to the Chief Medical Examiner's CL DIRECTOR: Page 3 should be used as a based agent, prior to burial, cremation, or remained agent, prior to burial, cremation, prior to burial, crematical agent, prior to burial, prior to gave rise to immediate cause **DUE TO** (e), stating the undarlying PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) Month, Day, Year (County) (Steta) factory, street, office bldg., etc.) While Not Whila et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from:/ Matural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER olease executative state to the forward by FUNERAL DIT ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Baltimore 2, Md. P40 9 entombment GreenMount 23. FUNERAL DIRECTOR **ADDRESS** 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Stewart & Mowen Co. 108-W-Worth-Av. Balto. 1. Md. Chilhun S. Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH 01558 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edim ssion) a. COUNTY b. COUNTY Baltimore MARYLAND Mary Land b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Howard 82 davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 106 Administration Hospital YES NO X 3. NAME OF DECEASED (Type or print) 1962 GEORGE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED [DIVORCED TO Male May 31 10e. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Produce s attending phys Then please rem oval, and i∎ any Baltimore Maryland

14. MOTHER'S MAIDEN NAME U.S.A. Laborer 13. FATHER'S NAME **Alexander** Dahl Margaret_Dorsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, VAH Baltimore 18 Marvland. FORT HOWARD DIVISION 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) PNEUMONT A Unknown DUE TO Conditions, if eny, which METASTATIC BONE MARROW CARCINOMA [5] Unknown geve rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO XX Osteoarthritis 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, (County) (State) Month, Dey, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19.61 to Feb 19...62that (X) (we) last 21. I certify that (IX (this hospital) attended the deceased from Dec. saw the deceased alive on Feb. 22b. DATE 22e, SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNE director, p VAH Balto 18 Md. Fort Howard Division 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Baltimore National Cemetery Buria] metery Baltimore Maryland 25. REC'D BY REGISTRAR'S SIGNATURE EUNERAL OFFICTOR'S SIGNATURE THE CHOILINS & POPPLETON Sts. VR A15 (4) C 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



12	MANYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	01557 CERTIFICATE OF DEATH 01541
funeral should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm sslor) a. COUNTY B. STATE A. STATE
by the Man	b. CITY OR TOWN (f outs de corporate imits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (H outside corporate I mits, write RURAL and give neerest town) Write RURAL and give neerest town) Syrlmth22dys Mechanisville, Maryland
within part 14	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SPRING ROVE STATE HOSPITAL ON A FARM? YES NO
mpletel papers in 72 h	3. NAME OF DECEASED (Type or print) Lula Todd Davis DEATH February 9 19 62
icate be excisal and co	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRIH female white widowed Divorced Dec. 14, 1878 100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE, County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
ng physical and any e	housewife Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
requires that the dea physician. gned by the attendin sat permit. Then ples ion, or removal, and	Alonzo R. Todd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO UNKNOWN Address Records: SPRING GROVA STATE HOST TAL INTERVAL BETWEEN ONSET AND DEATH
IAM: The law ial or attending cate has been sist the burial-tra o burial, cremal	Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6: 19. WAS AUTOPSY PERFORMED?
PHYSIC the hospid his certific for use a th prior t	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6] 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
VDING hined by After I. After I. of Heal	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF NJURY (Home, ferm, 20f. (City or fown) (County) (State) Hour a.m., While Not While st work street, office bldg., etc.]
HOSPITAL OR ALTEN ath. Page has be retained. FUNERA. PRECTOR ector, page 3 should be dilled with the State Dept.	21. I certify that (K(th s hospital) attended the deceased from Dec. 27,15 56 to Feb
AS VIEW CONTROL OF THE PROPERTY OF THE PROPERT	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 2/17/62 All Faith Cemetery Charlotte Hall, Md. 24 FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md. DATE FEB 1 9 '62 LINEAR S. REC'D BY REGISTRAR'S SIGNATURE DATE FEB 1 9 '62 LINEAR S. REC'D BY REGISTRAR'S SIGNATURE DATE FEB 1 9 '62



MARYLAND STATE DEPARTMENT OF HEALTH 11558 CERTIFICATE OF DEATH

01542

						11						
a. COUNTY	/	timore			MARYLAND	2. USUAL R		Vhere deceases land	d lived. If institu b COUNT			issian)
b. CITY OR	TOWN (If aut	side carporate limi	ts, write	c. LENGTH O	F STAY IN 16	c. CITY C	R TOWN (H	f autside carpo	rate limits, write	RURAL and giv	e nearest fa	ws)
NO KATE O		sville		18 mo	nths	X		Caton	ville			
d. NAME C	OF HOSPITAL (lf nat in haspital, g	ive street	address)		d. STREE	T ADDRESS					ESIDENCE A FARM?
OK INSI	8 N. E	sechwood	Awen	1730			8 N.	Beechwe	neva boo	U.O		NO D
3. NAME OF		Fir			Middle	111	Last	4. DATE		anth .	Day	Year
DECEASED (Type or pr	int)	EM			EER ING		Last	OF DEATH		ebruary	r 12,	19 62
5 SEX	6	COLOR OR RACE	7. MARI	RIED 🔲 NEVER	MARRIED [B DATE OF BI	RTH		9. AGE (In years last birthday)		YEAR IF UN	- 1
Foun.	le	White	WIDOW	ED I	VORCED 🔲	April '	7, 188	9	72 yrs	11110111111	dys Hubi:	5 PAILS
IOa. USUAL O	CCUPATION (Give kind af wark	dane 10b.	KIND OF BUSI	NESS OR INDU	STRY 11. BIRTH	HPLACE (Stat	te ar fareign co	ountry)	12. CITIZE	N OF WHAT	COUNT
	nst of working House W	life, even if retired	,	Own Ho	-		Marvl	and		7	J. S.	A
13. FATHER'S		110		OWER THE		14. MOTHE	R'S MAIDEN					
	_	Frank A	Book	3			D		llew			
VE WAS DECI		U S ARMED FOR			17V NO 17 (NFORMANT		THE PLANE		A mand T	20	26 1
(Yes, no or unknown		i, give wor or doles of s			111 NO 117.11	MICKIMAN	_			tomsail		20, 1
No				None	363	's Chai	rles D	ukehar	t 8 N. B	eechab c	Q YAS	tifie _
18. CAU	SE OF DEATH	Enter only one co	use per li	ne far (a),, (b), c	(c) bac			-	gr.		INTERVAL	
P.A		WAS CAUSED BY	My	1 Hzm	· A .	2010	ml.w	W	taile	100	ONSET AN	ID DEATH
1 '	TOPING HE	MEDIATE CAUSE (o	0	03-0-1-	10	9000		1	face to			
C 4141	10 m	3 . /	12	· de	n (2)	1 0	1/	1				
	ans, if any, ise to immo	ediate	I de	el une	- 601	12 luige	win	profes !!				
cause (a), stating the		1.1	,	. 17	1.10	0.1.		/ .			
	ivse last.) (c	14	in Car	aug	0 11.	- Eri	undi	cary			
FICATION	ART II. OTHER !	SIGNIFICANT CON	IDITIONS !	CONTRIBUTING	TO DEATH BUT	NOT BELATED	TO THE TER	MINAL DISEAS	E CONDITION G	IVEN IN PART	I(a) 19 WA	S AUTOPS FORMED?
3						10					YES [] NO
	IDENT WAS U	NDERLYING []	20b DES	CRIBE HOW IN	JURY OCCURRE	D. (Enter natur	e of injury I	n Part I ar Par	t II of item 18.)			
OR CONT	R, NOTIFY MEI	CAUSE OF DEATH										
₹ 20c. TIME	OF INJURY	Manth, Day, Ye	pr 20d I	NJURY OCCUR	RED 20s. PI	ACE OF INJUR	Y (Hame, fa	rm. 20F (City	ar tawn)	ICe	iuniy)	(Sta
	r a.m.	19	While	Nat while	- 6-	ictory, street, al	ffice bldg, e	etc.)	,	,	//	,
₹	p. m.	17	at war	k at wark					27 de-	7	4	
21 I cei	rtify that (I) (this hospito) often	ded the deci	eosed from.	7 1/W	ر	950, to_	12 Fl1	-e., 19.62.	لله on (۱)	(we)-lo
sow the	e deceased	olive on 1.2	Ed	- 1966	Land that	death accur	red aV	Whom	the causes a	nd an the	date state	ed abay
22a SIGN	NATURE //		1			1						22b. DATE
1 2	1//	- 1. 1:	DN	pon	_	M.D PHYS.		MED. DIRECTOR	STAFF PHYS.	12/1	1-6	1 SIGN
The Friday	HCHAN'S	11	~ /	<u> </u>		22d. AD					Le .	
NAM	E (Type)	L.B.	11120	-t :		1460	550	m ond s	me) Pers.	Bret	Limero	.29 /
			<u> </u>			100,					11.44	
23a. BURIAL, REMOVA	CREMATION, L. (Specify)	23b. SATE THEREC)F	23c. NAME C	OF CEMETERY C	OK CREMATOR'		23d. LOCA	TION (City, tawn	, ar caunty)	(\$1	tolej
	rial	2/15/19	62	Lor	don Par	ck Cane	tery		Beltimox			
24 FUNERAL	DIRECTOR'S SI	GNATURE	- 1	ADDRESS		1/2	25a. RE	C'D BY REGIS	TRAR 256, REC	GISTRAR'S SIGI	NATURE	
Ensi	me 1 Of	marole	Sam	se cat	tonsvill.	Le, Mil.	DATES	± 1.5 '62	0	12 - 8 4		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 **DEUNERAL C. STOR:** After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. by the haspital or attending physician. TO HOSPITAL OR TO FUNERAL C VR A15 (4) 15M 9/59

funeral director, ald be filed with

9 ii. Beechwood areans

Ir. Frak .. I'm

director



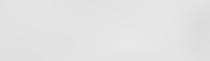
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Item 9 #ilm-G508 USUAL RESIDENCE (Whara deceased lived, if institution, Residence before edmission) I. PLACE OF DEATH a. COUNTY **b.** COUNTY Prince George Baltimore Mary land MARYLAND b. CITY OR TOWN ('I outs de corporata imits, c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporata I mits, write RURAL and give nearest town) write RJRAL and give nearest town) Beltsville. Maryland Lyr5mthl5dys Catonsville d NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta, g va straef address d. STREET ADDRESS IS RESIDENCE ON A FARM? SPRING GROVE STATE unanown YES NO 3. NAME OF 4. DATE DECEASED (Type or print) Margaret Emma Donath 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DER 1 YEAR IF UNDER 24 HR last birthday) Months female WIDOWED X DIVORCED I IDa. USUAL OCCUPATION (Giva kind of work 1 1Db KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il ratirad) U. S. A. Mary land none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maegaret unknown John A. Ulle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yas, no, or unkown) | (Ifyesgivawar ordates of sarvica) Records: SPRING CROV. STAND unknown 18. CAUSE OF DEATH [Entar only one cause per line for (a,, (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Bacteremia, unspecified (b) Extensive abscess of right arm, unspecified gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF. CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Chr. Brian Syndrome associated with cerebral arteriosclerosis PERFORMED? Degenerative joint disease, multiple, due to unknown cause 20% ACCIDENT WAS UNDERLYING L.]
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

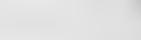
20% ACCIDENT WAS UNDERLYING L.]
20% DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part L or Part L of Itam 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 2Da, PLACE OF INJURY (Homa, farm, 201, (City or town) (Stata) Month, Day, Yaar factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work 22b. DATE 22a. SIGNATUR SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN NAME (Type) CATUNIVILLE 28, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cdy, Wwn or county) (Stata) 23 BURIAL, CREMATION, | 23b. 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 15M 9/60



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Item 9 Film 6308 3/0/62 Where decesed lived, if institution 1. PLACE OF DEATH Rasidence before edm ssie. COUNTY a. STATE b. COUNTY Mar/land Baltimore MARYLAND b. CITY OR TOWN (if outside corporete I mits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neerest town) write RURAL and give neerest town) Baltimore 26vrlmth2dvs Catmsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Cottage Avenue YES NO 3. NAME OF E rst Middle Last 4. DATE Month Year DECEASED OF (Type or print) Louise (Dubbs) DEATH Dub robruary 19 62 In yeers of UNDER I YEAR | OF JNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 5 SEX B DATE OF BRTH Hours female , WIDOWED [DIVORCED IX TDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 B RIHPLACE County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) housewife Germany Gurmany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME un-nown unknown 15. WAS DECEASED EVER N L.S ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgivawerordelesofservice) Records: un. Lown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (6) Arterio sclerotic cardiovascular disease Conditions, if eny, which gave rise to immediate cause DUE TO (e), sletting the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.e) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus NO X YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18., 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY -- Month, Dev. Yeer 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 5, to Fbe 26 19 94hat (1) (Max last 21. I certify that 00 (this hospital) attended the deceased from. Oct. 24 ..., 193 22e. SIGNATURE 22b. DATE MB. SIGNED ATTENDING STAFE DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Wachs br. L. Stella Catonsville 28, 236. BURIAL, CREMATION, | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county (Stefe) REMOVAL (Specify) なぎの 2Se. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) when S. Kenya 15M 9/60

























PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ould 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, if Institution: Residence before admission) e. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outs de corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) Catonsville 14 mos 28 daws Glanburnia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) a. IS RESIDENCE Spring Grove Sta te Hospita Georgia Ave ON A FARM NO PA 3. NAME OF Middle 4. DATE DECEASED OF Viola DUNN Feb. DEATH (Typa or print) 6. COLOR OR RACE T, MARRIED THE NEVER MARRIED ATE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 2 mhdey) Female 5-18-89 Hours WIDOWED IT'S DIVORCED 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working. (e. even if refired) USA North Caroline 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hodges Elizabeth Peed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or detes of service) Pts. Record Nο 18. CAUSE OF DEATH (Enter only one cause per line for ,a), (b), and (c),, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterios oleratio Cardiovascular Disease Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER! 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) While Not While Hour a.m. et work at work to 2-25 , 19.62, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 1962 ..., and that death occured at.... from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 220 SIGNATURE ATTENDING SIGNED PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S GROYE ST HOSP 23d. LOCATION (City, fown or county) 236, BURIAL, CREMATION, I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Grove Cemetery Royall. North Carolina る寺の 25e REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wise Avenue hur S. Hrand 15M 9/60

24 hours after

1		-			MARYL	AND STA	TE DEPARTA	ENT OF H	IEALTH	I-BAL	TIMORE, 1	8		
₩ <u>2</u> £	N	1		0	1563		CERTIFIC	ATE OF I	DEATH	1		Reg. Dist.	1159	17
Page directa iled wi	(14	5/	1. PL	ACE OF DEATH COUNTY	-			2. USUAL RESI	DENCE (Wh	ere deceased	lived. If institution b. COUNTY	on: Residence bet	ore odmiss	ion)
- I	_			Bal	timore		MARYLAND	M	arvla			Baltim		
erol be			Ь.	CITY OR TOWN (If a	outside carporate limit rest town)	s, write c. LEI	NGTH OF STAY IN 16	c CITY OR	TOWN (If o	utside corpo	rote limits, write R	URAL and give n	earest tawn)
*ŏ 5 <u>₽</u>	.2 *	-		Garı	cison		7 mo			s Mil	ls		_	
ŧ 🌉	70		d.		L (If not an hospital, g			d. STREET					e. IS RES	IDENCE FARM?
in by		ŀ			leigh Nur			1 3	08 P		nt Hill	Rd.	YES	NO-E
24 h			DI	AME OF ECEASED	Fire		Middle	lo		4. DATE OF	Mon		,	Year
fill fill		-		ype or print)	Anita	~	Т.	Easte		DEATH	2	1		1962
te yet			5. SE	1			CNEVER MARRIED	8. DATE OF BIRT	0 -		9. AGE (In years last birthday)	Months Doys	Hours	Min.
ed v		- }-	0	F OSCURATION	W	WIDOWED	DIVORCED	11-1-1	- / 10		/ Yrs.			
ecul can pap			lug.				OF BUSINESS OR INDU				ountry)	12 CITIZEN		COUNTRY?
and ban er de		-	12 E	Housew:	lie	Own	Home	14 MOTHER'S	lawa:			US	A	
			, I ,		d Tinges						U - h - to - w			
rtificate L physician emove car haurs affi	(1	١.	15 VA		IN U. S. ARMED FOR	resa liu socia	SECURITY NO. TIZ	NFORMANT	Mar.8	ar.er	Webster			
certi	(4)	41	[Yes. t	re, or unknown) [IF	yes, give wor or dates of te				Fog	ton	Addi	Above		
ath ce nding sose re hin 72		ŀ		10	H [Enter only one con			ames W.	Las	COT.			TERMAN DE	7241554
dec atter ple with		- 1	Ι.		WAS CAUSED BY:		O). (0), 6HG (C).	ari i			d.	OF	TERVAL BE	DEA1H
the o		- 1		1		ann	16 /3000	J-05 //	<u></u>	MA	when y	~	3 7	
that by t				Canditions, if any	DUE TO	Corel	mul he	undo	L B	Faul	ed Ren	- when	i a	44
S PEB				gove rise to im-	mediate (DUC 70				7			φ-		
المارية المارية المارية		_		couse (o), stating th lying cause last.	e under-	cember	of ruterin	, - o du	vi,	Whi	J min		24	peas
een dansi	,	-1	J-:		R SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS /	AUTOPSY
Phys as b al-tr	- 0	1	CERTIFICATION											RMED?
ing he h				Og. ACCIDENT WAS DR CONTRIBUTING E IF EITHER, NOTIFY M	UNDERLYING 🗔	206. DESCRIBE I	HOW INJURY OCCURR	D (Enter nature o	of injury in F	ort I or Port	II of item 18.)			
fico fico				IF EITHER, NOTIFY M	EDICAL EXAMINER)									
r offi certifian				Oc. TIME OF INJURY	Month, Day, Yea			ACE OF INJURY (Home, form	20f. (City	or town)	(County	()	(Stote)
PH of of his use			MED	Hour a.m. p.m.	19	While N	lot while to	ciory, sireer, orric	e bidg., etc	<u>'</u> i				
Spite 1			2	1. I certify that	t Lattended the	deceased fro	um arul	8 1945	la 1.4	الم ولا	1967	"that I last	saw the	decensed
Africal checking		-	- 1	live on	els (L	1962	, and that deat	accurred at	6 157	M. from	the couses o	nd on the d	ate state	ed abave
TTEI V TV TORY Telo						111) _A			ADDRESS (St	reet, city or town,	stote		ATE SIGNED
g e			1	CTUAL CHE	ma V	11/1	liens	M.D	- (nu	90 M	ullo.	2	12/62
200	- 1	- 1		HYSICIAN'S	10"	TOI	1				1			7
ret RAL Sho			i	AME (Type)	HMER.	F.C.V	JULK N	<u>13</u>					/\\	A .
OSPI DNER JNER JNER JNER JNER JNER JNER JNER J			220.	BURIAL CREMATION, REMOVAL (Specify)	22b. DATE THEREO	F 22c.	NAME OF CEMETERY O	R CREMATORY		22d LOCAT	ION (City, Iawn, o	ir county)	(Stote	2)
moy hor poge				Burial	2-14-62	<u> </u>	St. Thoma	s I		Gar	rison F	orest	M	d
ř ř	× 1			JNERAL DIRECTOR'S			DDRESS			BY REGIST		TRAR'S SIGNATI		
VS A15 (4) 15M 10/57	wh	1	H	.W.Jenkin	ns & Son	3 Co.49	905 York	Rd.	DATE E	A 15 1	02 (1	ithun S. Hr	asses	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COHNTY MARYLAND Marvland Raltimore Baltimore b. CITY OR TOWN (f outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I'm ts, write RURAL and give neerest fown) write RURAL and give nearest town) Baltimore Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 3425 Washington Blvd. 3425 Washington Blvd. YES NOTE 3. NAME OF 4. DATE Month M ddle DECEASED John Eichelman, Jr. Feb. DEATH [Typa or print] 10 6. COLOR OR RACE T. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | last birthdey) Months Devs male WIDOWED X DIVORCED Oct. 11, 1885 76 væs. 10e. USUAL OCCUPATION ,G ve kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Farmer Marvland retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Eichelman, Sr. Mary Scharf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) Regina Duraczynski, 3425 Washington Btve. #27 no none 18. CAUSE OF DEATH |Enter only one cause per line for (a) a(b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) spirtensive CVD geve rise to Immediate cause DUE TO (e), steting the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED 20a. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.)
OR CONTRIBUTING . CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY (State) Month, Dev. Year 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Not While Hour a.m. et work | et work 21. I certify that (I) (this hospital) attended the deceased from... 62 and that death occured 67.34M, from the causes and on the date stated above. saw the deceased alive on. 22e. SLENAT SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) 5305 East Drive, Baltimore 27, Maryland Werbert J. Levickas, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Burial Elkridge, Howard Co., Md. Meadowridge Cemetery 흥용 0 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Howard H. Hubbard, 4107 Wilkens Avenue, #29 15M 9/60 Curtout & Trace DATE 2 6 '62

MARYLAND STATE DEPARTMENT OF HEALTH

hours after



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01565 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edm.ss on) e. COUNTY **b.** COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL and give neerest town) Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Veterans Administration Hospital 5701 Chinquanin Parkway 3. NAME OF M ddle 4. DATE Month DECEASED OF (Type or print) DEATH JOHN GEORGE ETERMAN 1962 February S. SEX 6. COLOR OR RACE 7. MARRIED & TNEVER MARRIED B. DATE OF BIRTH 19. AGE (In yeers I) UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) | Months | Devs Hours Male WIDOWED [DIVORCED White July 11. 10a. JSUAL OCCUPAT ON IG ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 8 RTMPLACE County & State, or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Personnel Manager Dairy U.S.A. Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Eierman Katherine Dittmar 15. WAS DECEASED EVER IN J S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (If yes give we rordetes of service) Clin Rec VAH Baltimore IId - Ft Howard Division 18. CAUSE OF DEATH [Enter only one cause per une for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION AMMEDIATE CAUSE (e) DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR HEART DISEASE YFARS Conditions, if eny, which geve rise to immediate couse DUE TO (e), stating the underlying ceuse lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED& DIABETES MELLITUS: BRONCHOPNEUMONTA NO 20a ACC DENT WAS UNDERLYING .T 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING LAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) 20c TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) While Not While Hour e.m. at work et work .19...62., and that death occured at...2...M, from the causes and on the date stated above. saw the deceased alive on Feb. 22b. DATE ATTENDING MAED STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Baltimore 18 Md - Tt Howard Division M.D. Merle J. Wampler, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) Druid Ridge Pikesville Burial 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 11905 York Road arthur S. Thouse FEB 5 1SM 9/60 Henry W. JKenkins Sons Co., Inc. Baltimore Md DATE

24

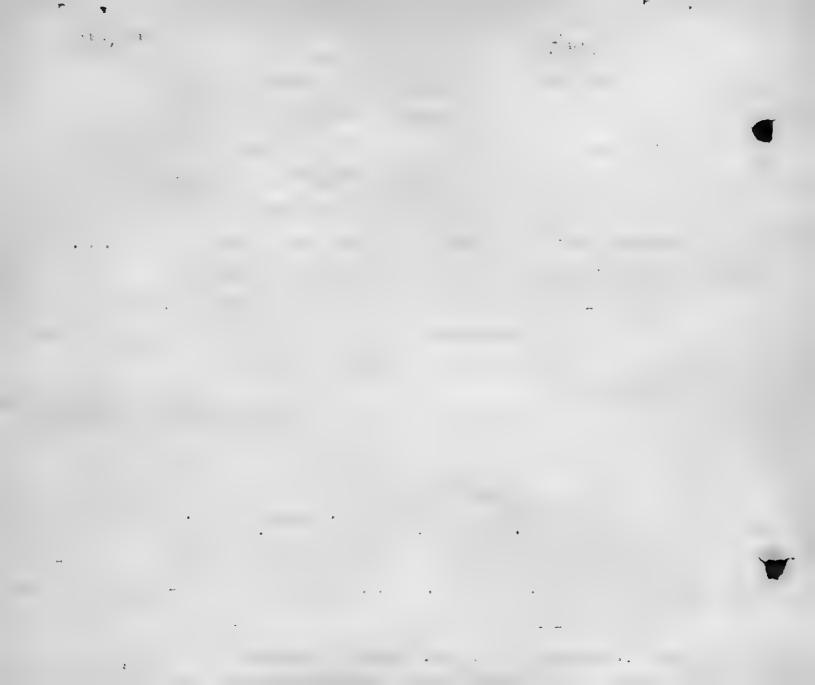
phy

55

DIREC

death. Past

RYLAND STATE DEPARTMENT OF HEALTH





RYLAND STATE DEPARTMENT OF HEALTH

EL33.2.1.

CERTIFICATE OF DEATH 01568 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission o. COUNTY Baltimore b. COUNTY Prince George Maryland MARYLAND e LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give neasest town) 7mth25dys Greenbelt, Maryland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? 10-D Parkway Road STATE HOSTTAL YES NO puo 2. 3. NAME OF DECEASED Middle 4. DATE Month Year (Type or print) Lucitle February Evans 19 62 Anna 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED 3 DIVORCED female 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Virginia . Portsmouth U. S. A. housewife 13. FATHER'S NAME Evans Humphreys Emma EXECUTE Charles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records: GROVE STATE HOSPT TAL unanown none None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN Ad mamic Ileus - due to ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Strangulated hernia of small intestines **DUE TO** Canditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the under-Chronic intestinal adhesions lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔼 NO 🗍 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) 20d. INJURY OCCURRED (County) (State) Haur a. m. factory, street, affice bldg., etc.) While Not while at wark of work p. m. 21. I certify that attended the deceased from. June 9 19.61 to Feb. 4 ___ 19_62, that X last saw the deceased alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURE GROVE HOSPITAL PHYSICIAN'S Stella Wachsler. M. D. Catonsville 28, Maryland NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY CENTRESTON 22d. LOCATION (City, fown, or county) poge Fort Lincola Cemetery Bladensburg FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Riverdale, Md. VS A15 (4) DATE FEB 9 15M 10/57

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ahoti pro

A

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01569 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01553
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY
Page	BALTIMERE MARYLAND S. STATE MD. 6. COUNTY BAZIO
2 - E E	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) c. CITY OR TOWN If outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN If outside corporate limits, write RURAL and give neerest town)
E S S S IAI	The state of the s
à de la company	THO HILLSTON RD ON FARM?
hy de fune fune sined sizate seth.	3. NAME OF Fist Middle Last 4. DATE Month Day You
Han the	(Type or pint) JOSEPH LEW FAISANT DEATH FEB 4 1962
Str. Str.	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
ar de and and 2 v cours	M WIDOWED DIVORCED 1/-3-0/ Cast birthdey) Months Deys Hours Min.
affer and Sand	10a. USUAL OCCUPATION (Give kind of work of the country) 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retired)
ges Pa es 1	6.61.72
PM3.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIFORAT 14. MOTHER'S MAIDEN NAME
長さまます	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address
th formit.	(Yes, no, or unkown) (If yasgiva war or dates of sarvice) 213-C5-6352 JOSEDS FAISINT, Sp131 Harbouth Rd - #4
Liter There	18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c).]
execil in	PART I. DEATH WAS CAUSED BY, MYCCARDIAL INFARCTION ONSET AND DEATH
d be	DUE TO
houl in offi	Conditions, if any, which (b)
ding ding as a s a s a s a s a s a s a s a s a s	(a), sleting the undarlying DUE TO
rtifice kamili used	
Par Par Co	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I at 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING OF Part II
edice ould cray	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in cry in Part I or Part II of item 18.)
TER of M of M of M of M	
MIN Writiu Chii Sge o b	20c. TIME OF INJURY Mon h, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete)
cate, v to the OR: P. Prior I	Hour a.m. While Not While at work at work at work
は無点点点	21. I certify that I took charge of the remaine described above, held an Autopsy , Inspection Inquiry , and in my opinion death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner
OIC?	CHIEF MEDICAL EXAMINER
EDIC (the ce forwards L DIRE	SIGNATURE WELLES ALLES AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUTY executification of the forward be forward by designated	DEPUTY MEDICAL EXAMINER (**)
	NAME (Type) VUILL ITWI 17 . ILLS 3 LK] Address (Streat, city, town, or county)
DE sho	REMOVAL (Specify) 7 7 12 (2) A/F (1) Party days ('and Day to Mad
5 g 4 5 g	23. FUNERAL DIRECTOR , ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	Um J. Juckaer graces Beets in med DATER 5 '62 . In S. Thomas
-	

₹ .

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01570 CERTIFICATE OF DEATH within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY Baltimore Marvland Baltimore MARYLAND b. CITY OR TOWN (f outs de corporete limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give neerest town) 1mt h6dv s Catonsville d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? 5111 Westland Blvd. YES NO 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 62 Otto Fielitz February 6 and cor carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BRTH 19. AGE In yours IF JNDER I YEAR IF UNDER 24 HRS. 5 SEX last birthday) Months | Days Hours WIDOWED [DIVORCED male 100, USUAL OCCUPATION (Give kind of work гетоуе 106. JSUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BRITHPLACE County & Steta, or foreign country) done during most of working life, even if relired) HI AUTH PROVSAL CO. 1 12. CITIZEN OF WHAT COUNTRY? Germany butcher retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carolina Lucke Henry Fielitz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) none Records: SPRI "G GROVE STATE HOSPITAL n. the 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b,, end (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Mvocardial infar**ct**ion IMMEDIATE CAUSE (a) DUE TO Coronary occlusion Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying Arteriosclerosis PART 41. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? Chronic brain syndrome associated with arteriosclerosis NO DE 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Part I or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work 21. I certify that \$0 (this hospital) attended the deceased from. Dec. 15.... 19 61 to Feb. 6 19 62 that (1) (963) last saw the deceased alive on ... Feb. 6.. .. 19.62, and that death occurred atM, from the causes and on the date stated above. DIRE 22b. DATE 22a. SIGNATURE SIGNED ATTENDING 2-6-62 DIRECTOR PHYS. PHYS. death. Pag. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Stella Wachsler, M. D. director, be filed Catonsville 28: Maryla (23d. LOCATION (City, Town or county) 23a. BURFAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF OF 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) William S. Thomas 15M 9/60 DATE FER 9

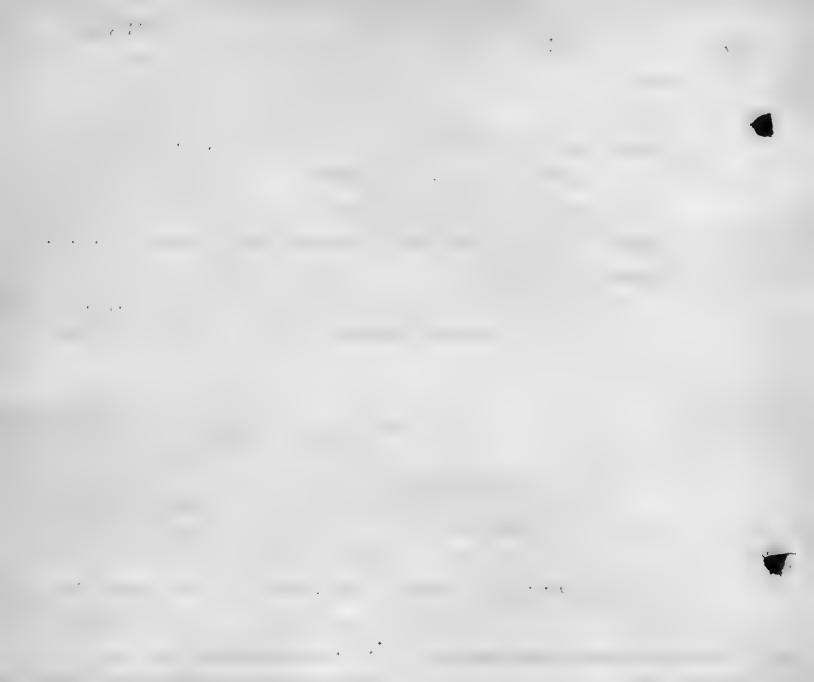


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE JAMARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Baltimore Maryland by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR YOWN (If outside corporate limits, write RURAL and give neerest fown) write RURAL end give neerest town) Baltimore 12 Days Fort Howard d NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, g ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 930 Brooks Lane YES NO X Veterans Administration Hospital NAME OF DECEASED OF 1962 (Type or print) DEATH 12 RISHER February THOMAS NEVER MARRIED 1 8. DATE OF BRTH 5. SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 17. MARRIED last birthdey) Months Hours D VORCED K December 25,189 Male Negro 10e. USUA, OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? B RTHPLACE (County & State, or foraign country) done during most of working life, even if retired) Greenwood Co., S. Carolina U. S. A. e attending phys Then please ren Laborer - farmer Cotton Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Sallie MN: Unknown ā 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we nor detes of service) 578-14-2405 Clinical Records, VAH, BALTO 18, MD., FT. HOWARD DIV CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: OBSTRUCTIVE EMPHYSEMA IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immadiate cause DUE TO (a), stating the underlying ceusa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? Arteriosclerotic Heart Disease. Arteriosclerosis, Generalized. NO D 208 ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert I or Pert II of Item 18) WEDICAL 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While et work 21. I certify that A (this hospital) attended the deceased from January 31 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 22d. ADDRESS IRVING"FREEMAN, M.D. Medical Service VAH BALTO 18 MD FORT HOWARD DIVISION 23a, BUR.AL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Baltimore National Cemetery Daltmore 256. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE O TO Burial Maryland 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Balto, 15M 9/60 DATEES 1 5 '62 Morton & Dyett Funeral Directors

MARYLAND STATE DEPARTMENT OF HEALTH

24

0



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL OF DEATH 01572 funeral Tz. USUAL RESIDENCE (Whare deceased lived, If Institution, Residence before admission) 24 hours after PLACE OF DEATH a. COUNTY b. COUNTY Maryland Baltimore 1 2 E MARYLAND c. CITY OR TOWN (If autside corporate l'mits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 write RURAL and give nearest lown) Cotonsville 113 Rondo Court Brooklyn, harvland 110 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? as above STAIR SPRING YES NO 3. NAME OF 4. DATE Middle Last DECEASED OF (Type or print DEATH 62 Benjamin Flvnn **February** 19 6. COLOR OR RACE , 7. MARRIED TO NEVER MARRIED AGE (In years (IF UNDER I YEAR) IF UNDER 24 HRS. DATE OF BIRTH last birthday) and Months June 16 white WIDOWED [DIVORCED male physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired; Virginia wa tchman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending and Zacariahia Rosie Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Records: **SPRING** S TATE unkn wn unknown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a., .b., and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) the burial-transit DUE TO Generalized arteriosclerosis Conditions, if any, which {b} gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO DA 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or tows) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not White While Hour a.m. at work at work 19 62 to Feb. 6, 1962, that (1) (we) last 21 I certify that (4) (this hospital) attended the deceased from Jan. 2 62, and that death occured at ".M, from the causes and on the date stated above 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS DIRECTOR PHYS. FUNERAL 22d, ADDRESS 22c. PHYSICIAN'S STATE HOSPITAL NAME (Type) Stella Wachsler. M. D. Catonsville 28, baryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) D g REMOVAL (Specify) Burial Elicaide Md.
258. REC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE Meadowridge_Cem. ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE MCully Funeral Homes 130 E Fort Ave. 15M 9/60 62

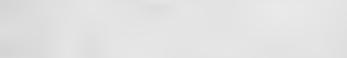
MARYLAND STATE DEPARTMENT OF HEALTH

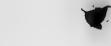


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR (If outside corporete limits, write RURAL end give neerest town). rite RURAL end give neerest Jown d. NAME OF HOSPITAL OR INSTITUTION (if not in bosp'tal, give streat address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO L 3. NAME OF DECEASED OF (Type or print) DEATH 1962 IF UNDER 24 HRS AGE (In yeers IF UNDER I YEAR lest birthdey) and Months Deys WIDOWED yrs. physician USJAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 70. 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY lears IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which [b] gave rise to immadiate ceusa DUE TO (a), steting the underlying cause lest. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 41 19. WAS AUTOPSY PERFORMED? NO 20e ACCIDENT WAS UNDERLYING 1 20b DESCRIBE HOW INJURY OCCURED Enter nature of injury in Pert I or Part II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, ferm, (Stete) Month, Day, Yeer 20t. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work o.m 19 Lethat (I) (we) last 21. I certify that (I) (this hospita) attended the deceased from June and that death occurred at 25M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNAL 22b. DATE SIGNED ATTENDING FUNERAL NAME (Type) 236. BURIAL, CREMATION, 236. DATE THEREOF 1 234 NAME OF CEMETERY OR CREMATORY 123d LOCATION (City, lown or county) (State) £ #: 0 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL PIRECTOR'S SIGNATI VR A15 (4) FER 2 0 '62 15M 9/60 47 S. 1 Crown

MARYLAND STATE DEPARTMENT OF HEALTH







ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01574 CERTIFICATE OF DEATH within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore a. STATE Maryland MARYLAND b. CITY OR TOWN (if outside corporate lim'ls, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neerest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Presbyterian Home YES NO 3. NAME OF DECEASED OF Fontz (Type or print) DEATH Emma and cor 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Plast birthdey) Months Jan. 31,1878 Female WIDOWED [DIVORCED | physician 10a. USUAL OCCUPATION (Give kind of work Гешоуе 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret A. Watts George F. Fontz 급 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ! (If yes give we ror detes of service) Presbyterian Home No 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the Fancreas 8 mos IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? NO Arteriosclerotic Cardiovascular Disease 20s. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Perl I or Perl II of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by the DIRECTOR: After this 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 Month, Dev. Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., atc.) While _Not While Hour a.m. et work at work Feb.16 21. I certify that (I) (this thought) attended the deceased from..... saw the deceased alive on Feb. 14, 19 62, and that death occured at 6:25, The the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING. DIRECTOR PHYS. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S S.J. Venable, Jr. M.D. 7215 York Road, Baltimore 12, Maryland 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Steta) REMOYAL (Specify) Woodlawn, Maryland 2-20-62 Lorraine 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) O. Mitchell & Sons, Inc. 1900 EutawoarEB 23 '62 15M 9/60 Ce Thur. S. Trays



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral iwk within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If Institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY Baltimore Marvland Balti ore MARYLAND b. CITY OR TOWN (if outside corporate limits, by ‡ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL and give peerest town) write RURAL and give negrest town) lowson Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 6 Burnbre goad Burnhrae YES NO completely death certificate be executed 3. NAME OF Middle Last Dev DECEASED Katherine R. Forsythe February 10 (Type or print) DEATH and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1884 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months Hours Fernie October WIDOWED IL DIYORCED [physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) St. Louis. Missouri Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M. Lowry Margaret Coffey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (Ifyes give wer or dates of service) .Mrs. Norman R. Dresbach Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCCLUSION IMMEDIATE CAUSE (a) PTERIOSCLEROTIC CARDIO VASCULAR PLSPASE Conditions, if any, which gove rise to immediate couse DUE TO (e), sletting the underlying couse last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO PT USB prior 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I of Pert II of item 18.) jo UF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stele) factory, street, office bldg., etc.) While Not While Hour e.m. el work may be retained DIRECTOR. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. eath. Page FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Penna. Ave. Towson. Thaddeus C. Siwinski director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BUR.AL, CREMATION, 23b, DATE THEREOF (Stele) REMOVAL, (Specify) Baltimore. Maryland OH New Cathedral Burial 25e, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 1913 W. Beltimore St. Cole 1 3 '62 Cerious S. Thomas

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 57 CMEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) a. COUNTY b. COUNTY Mary land Baltimore Baltimore MARYLAND b. CITY OR TOWN (if pulside corporate lim is. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporale I mits, write RURAL and give nearest town). write RURAL and give nearest lown) Stoneleight d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) i d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 901 Old Oak Road YES NO F 901 01d Oak Road 3 NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH February 17 Robert J. French 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. iasi birthday) | Months | Days Hours 1 Min. WIDOWED TY DIVORCED Tale Jan. 29 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3, Pag New Amsterdam Casualty-Marviand USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME French Mary Cooney E G 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiva war or dates of service) along with filtransit permit NO Mr. J.S. Moran-31 Dunkirk Road- Barto. Mg. 18. CAUSE OF DEATH [Enlar only one cause per hije for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Office alon IMMEDIATE CAUSE (a) d DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), slating the undarlying idical Examinated by used a cremation, or PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of flam 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Chief 20d INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, sireel, office bldg., alc.) Hour e.m. While Not While to the 'OR: Pa at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | and in my opinion forwarded to DIRECTO death resulted from: Natural causes L Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER | slease e. 4 should be Co FUNERAL D. 4 designated a ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Streat, city, town, or county) 228, BURIAL, CREMATION, 225. DATE THEREOF 22e. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) inrial moreland Memorial ltimore 24m. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS V5. A15ME C - 47 8. Thurs 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 91577 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Rasidence before edm ssion) e. COUNTY b. COUNTY . Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest (own) write RURAL end give neerest town) Fort Howard Baltimore 22 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO Q Stansbury Road DECEASED OF (Typa or print) DEATH 19 62 JACOB CATLING February 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF SIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED -DIVORCED Male 10b. KIND OF BUSINESS OR INDUSTRY . 11 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work County & State, or fore, an country) done during most of working life, even if retired) U. S. A. Paint Factory Suffolk, Virginia Laborer 13. FATHER'S NAME MOTHER'S MAIDEN NAME Thomas Gatling Mimia Kenney 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO THICAT Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 'emoval Fort Howard Division 218-18-9819 WW_I 18. CAUSE OF DEATH [Enter only one cause per line for (e). (b), and (c).] UNKNOWN PART I. DEATH WAS CAUSED BY: HEART FAILURE IMMEDIATE CAUSE (a) DUE TO SEVERE ANEMIA UNKNOWN Conditions, if any, which (b) gava rise to immediate cause **DUE TO** (e), stating the underlying cause lest. PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of Iem 18.) 20a, ACCIDENT WAS JNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Ноиг е.т. While Not While at work at work 62 to February 3, 19 62 that (4) (we) last 21. I certify that (this hospital) attended the deceased from Jan. 31 22b, DATE 22a. SIGNATURE ATTENDING DIRECTOR PHY5. 62 M.D. 22d. ADDRESS FUNER VAH. BALTIMORE 18,MD.,FT.HOWARD TALBERT, M.D. Medical Service 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) 品寺の 28. Maryland Baltimore Baltimore National Cemetery Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Elroy O. Wilson, 1000 Brantley Ave., Balto 17, Md DATE FEB 1 4 '62 C Las & France 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 01562 CERTIFICATE OF DEATH 01578 PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY Baltimore o. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c RENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 7406 Belmont Ave. Belmont Ave. YES NO T NAME OF First Middle Last 4. DATE Manth DECEASED JOHN DEATH (Type or print) GEORGE GEGNER. February S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Manths Doys Male White DIVORCED X WIDOWED [7] July 12.1885 76 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Slote or foreign country) 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Balto.Brick Co. Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Gegner Caroline W. Rehmert. 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT No John A. Gegner: 7402 Belmont Ave. 18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm 20f, (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at wark at work p. m. 21 I certify that (1) (this haspital) attended the deceased fram..... _, 19___, that (I) (we) last _____19___, and that death accurred at 3.00 from the causes and an the date stated above saw the deceased alive an 22n SIGNATURE M.D PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23a BURIAL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) Oak Lawn Cemeterv 25g. REC'D BY REGISTRAR DATFEB 2 6 '62 Control & Thomas 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

١	01580	CERTIFICA	ATE OF DEATH	1	Reg. Dist. NO. 4 CC 4		
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who STATE Marylan	ere deceosed lived If institution b COUNTBE	n Residence before admission)		
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Parkville	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	f outside corporate limits, write RURAL and give nearest town)			
l	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 8310 Bon Air Rd.	street address)	d. STREET ADDRESS	n Air Rd.	e. IS RESIDENCE ON A FARM? YES NO X		
Ī	3 NAME OF First DECEASED (Type or print) CORA	Middle ELLEN G	Last ESSFORD	4. DATE Month OF DEATH February			
	S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
	10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) AT HOME	e 10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY USA		
١	Samuel E. Yerby		14. MOTHER'S MAIDEN N	_			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES	17 16 SOCIAL SECURITY NO. N	NFORMANT	Addre	156		
l	(Yes, no, or unknown) (If yes, give war or dates of service)	") Mis	s Virginia St	ewart 8310 Bo	n Ait Rd.		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions. If ony, which gove rise to immediate cause (o), stoting the under lying couse lost. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CONTRIBUTION CONTRIB						
	Hour o.m.	20d INJURY OCCURRED 20e. PL While Not while of work at work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County) (State		
	21. I certify that I attended the deceased from						
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 2-15-62	22c. NAME OF CEMETERY O Loudon Park		22d. LOCATION (City, town, or Baltimore, Md			

24a. REC'D BY REGISTRAR

DATE FEB 1 9 '62

24b. REGISTRAR'S SIGNATURE

ADDRESS

4210 Belair Rd. 6

VS A1S (4) 15M 9/S8 23. FUNERAL DIRECTOR'S SIGNATURE

Ullrich Funeral Home



Items 2) Figurat Residence Whore deceased Wied, Il institution, Rasidence before admission I. PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town CATOM VILLE UNION BRIDGE d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, it va strant address) SPRING GROVE STATE HOSPITA 3. NAME OF GIRSON (Typa or print) 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH last_birthday) 10a. JSUAL OCCUPATION (Giva kind of work done during most of water g life, even if retired) 14. MOTHER'S MAIDEN NAME PRISCILLA HOPKINS (Yes, no, or unkown) | (Ifyasgivawarordatasofsarvice) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CARDIO VASCULAR IMMEDIATE CAUSE (a) DUE TO ARTERIOSCUEROTIC CARDIOVASCULAR gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? 2Db. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Part I or Part II of itam 18.) 20a ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED : 2Da PLACE OF INJURY (Homa, ferm, 2Df. (City or lown) fectory, street, office bldg., etc.] Hour a.m. Not While at work at work 22b/ DATE 22a. SIGNATURE SIGNED DRECTOR NAME OF CEMETERY OF CREMATORY 23a, BURIAL, CREMATION, | 235. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) -University of Ma. | 250, REGISTRAR'S SIGNATURE 9:0 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Citing & France 15M 9/60 Spring Grove State Hospital transported body.



13		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
* ************************************		01582 CERTIFICATE OF DEATH 01566
hin 24 hours after din by the funerages 1 and 2 should after death.	M	1. PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospiter, give street address) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissing a. STATE Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson d. STREET ADDRESS e. IS RESIDEN
and completely carbon papers. Pa	70	House in the Pines Nursing Home 3. NAME OF DECEASED (Type or print) Winfield Ardin Goss DEATH February 26 1962 5. SEX Male White WIDOWED X D VORCED Sept. 29, 1877 Sept.
at the death certificat ne affending physician Then please remove novel, and in any ever		10s. USJAL OCCUPATION (Give kind of work done during most of working life, even f relired) Retired - Bldg. Supt. 13. FATHER'S NAME 7. Gross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hyssigive werordetes of service) No 216-01-8006 Mrs. John H. Lampe- 548 Brook Road- Towson, M.
CCLAN: The law requires the potal or attending physician ficate has been signed by the set the burial-transit permit to burial, cremation, or re-	<i>‡</i>	18. CRUSE OF DEATH [Enter only one couse per ine for (e), (b), end (c).] PART I. DEATH WAS CAJSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, I any, which gave rise to immediate couse (e), stelling the underlying couse lest. PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(e) 19. WAS AUTOPPERFORMED. YES PEFFORMED. YES NO.
OR ATTENDING PHYSI hay be retained by the hos DIRECTOR: After this cert should be detached for us Stafe Dept. of Health prio		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Pert II
TO HOSP) A death. Pa made of the page 3. Sector, page 3. Example of the page 3.	Contract of the same	ATTENDING MED. 272c. PHYSICIAN'S DIRECTOR PHYS. 272d. ADDRESS 2
15M 9/60	An.	Mong Suckness & Somo Delto 13, M. DATEFEB 27'62 . There

1 🖓	MARYLAND STATE DEPARTMENT OF HEALTH			
	01583 CERTIFICATE OF DEATH	01567		
be funeral 2 should	- DALLINECS MARYLAND /"/ARILAND	OUNTY		
24 ho	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) BALTINIOR E BALTINIOR E	write RURAL and give neerest town)		
vithin Pages after a street	d. NAME OF HOSPITAL OR INSTITUTION (Final in hospital, give street address)	15 RESIDENCE ON A FARM?		
pletely i	DECEASED // OF	Aprilh Day Year		
execucompi compi on pai ithin 7	(Type or print) HNNA GRATAUSKAS GRAY - GRAEVSKY DEATH -	BRUMEY 10 1962		
te be rand carbo	FEMALE White WIDOWED & DIVORCED 8-15-1881 80 4	Months Deys Hours Min.		
certificat ohysician remove any ever	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife County & Steve, or foreign county & Steve, or foreig	of What Country U. S. A.		
	13. FATHER'S NAME			
	(Van an arrive a A Million and a control of the con	dress		
that the n. the atte	18. CAUSE OF DEATH [Enter only one couse per log for (a), (b), end (c).]	HARING CROSS RD INTERVAL BETWEEN		
quires iysicia ed by r perm n, or r	PART I. DEATH WAS CAUSED BY: HUEMBOSS Cerebal	°C Wile		
we red ing ph n sign fransi	Conditions, if any, which (b)			
The last been burial-burial-	gave rise to immediate cause [a], stating the underlying DUE TO			
ITAN: tal or care has as the to burit	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
YSICI hospiti certific certific use a prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO		
PH he for for	The state of the s			
DING) wed by t After tl etached of Heal	20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) While Not While factory, street, off ce b.dg., etc.)	(County) (State)		
refair TOR: TOR: Dept.	21 i certify that (I) (this hospital) attended the deceased from. 12	10 , 19 b, that (I) (we) last		
OR A. DIREC	saw the deceased alive on 2-1	ses and on the date stated above		
198 H	22c. PHYSICIAN S DIRECTOR PHYS.	· 2/13/62		
FUNER Pac	NAME (Type) & J Mendelis (65) n Black	ralou		
TO HO death. TO FU directs	233. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY) BURIAL Specify 2-14-62 WOST HOLV REDEEVIER BELAIR	(State)		
VR A15 (4)	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256.	the same		
is not we	harles W. Spelesusling 637 Noohuylas 1037 FEB 15'62	Christian S. Phomes		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed fived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporale limits, ELENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 28 Days Baltimore I Fort Howard d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM Veterans Administration Hospital YES NO NO 1528 McCulloh Stree DATE DECEASED (Typa or print) DEATH 9. AGE IN Years IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE T MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months Hours Male WIDOWED [October 6. Da. USUAL OCCUPATION ,G vo kind of work 1Db. K ND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) dona during most of working life, even if retired) Chauffeur Real Estate Jacksonville, Florida U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Robert Green Hattie MN: Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) [lifyesgiva war or dates of servica) Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division= 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: ADENOCARCINOMA, SIGMOID COLON, WITH METASTASIS IMMEDIATE CAUSE (a) TO BLADDER, LIVER, PELVIC FOSSA AND PERITONEUM UNKNOWN Conditions, if any, which gava risa lo immadiata cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) 19. WAS AUTOPSY PERFORMED? PERITONITIS - Duration Few Days NO · 2Da. ACCIDENT WAS UNDERLY NG []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of Itam 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 2Da. PLACE OF INJURY (Home, ferm,) 2Df. .City or town! (County) factory, streat, office bidg., atc.) Whila Not While Hour a.m. al work at work 1962 to February 161962, that (1) (we) last 21. I certify that \$\mathbb{Z}\$ (this hospital) attended the deceased from January 19 saw the deceased alive on February 16,162 ..., and that death occurred at A.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING 2/16/62 DIRECTOR PHYS. IC PHYS. 22d. ADDRESS 22c. PHYSICIAN'S VAH.BALTIMORE 18 MD., FT. HOWARD DIVISION SEBASTIAN RUSSO, M.D. 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Spacify) ဦးခွဲ်သို Baltimore, Maryland Baltimore National Cem. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Sullivan Funeral Home, 1011 N. Arlingtonam FER 2 0 '62 15M 9/60 Baltimore, Maryland

1.		MARYLAND STATE DEPARTMENT OF HEALTH			
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
000	-	01585 CERTIFICATE OF DEATH 01580			
s afte funerational	AA	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)			
를 하였 .	IAI	o. COUNTY BOLLING MARYLAND O. STATE WILL BOLLINGS.			
ho ho		b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town)			
24 Tab		Ruent- Karedallatown Pill. Tuent. Kanadallatown			
if Salah	and a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) B. STREET ABORESS e. IS RESIDENCE			
N A	* '	ON A FARM? YES NO IN			
cuted pletel		3. NAME OF DECEASED Middle Last 4. DATE Month Dey Yeer			
mpl pal		(Type or print) Wally 1962			
e e co		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.			
e b an car		Male WIDOWED DIVORCED Quil 16, 1898, 63 yrs. Months Days Hours Min.			
ficat cian ove eve		10a. USUAL OCCUPATION (Give kind of work done dating most of working file anemal retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & Stelle, or loreign country) 12. CITIZEN OF WHAT COUNTRY?			
hysi rem rem		(activities) Building My			
eath cling plans	F	13. PATHER'S MAIDEN NAME			
4 7 E	(1)	John A. Then Vyan Triplet			
the atten Then val, a		15/WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (46s, no, or unkown) (Ifyesgivewerordelesofservice)			
hat the		- M 220-01-4176 Mrs Elhel Guen - Handallslow, my			
es t Cian by		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART I, DEATH WAS CAUSED BY: ONSE AND DEATH ONSE AND DEATH			
quir hysic hed t pe		IMMEDIATE CAUSE (a). Coronary / 1020 mboses /2 hr			
Sign Sign		OUE TO OUE TO			
din sen sen sen sen sen sen sen sen sen se		Gordiflons, if eny, which (b) Consideration (b) Consideration (consideration)			
The atter as by call, c		(e), steting the underlying DUE TO			
N. or or the		cause lest. (c)			
CIA Sital ficat to to		PERFORMED?			
rior		YES NO 1 2Do. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'n'ury in Pert, or Part II of Item 18.)			
PHY he he for for		2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'n'ury in Part, or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Of the EITHER, NOTIFY MEDICAL EXAMINER)			
bed teal					
DIN Aft etac		Hour e.m. While Not While factory, street, office bldg., etc.]			
EN Stair					
d b b b		21. I certify that (I) (this hospital) attended the deceased from 1961, 1001,			
RE Fron		saw the deceased alive on			
O E D S		ATTENDING MED. STAFF S GNED, PHYS. DIRECTOR PHYS.			
E Se di		220 PHTSICIAN'S 1 220 APPORESS / A 1			
HOSPI ath. Par FUNE Sctor, p	-	NAME (Typo) WM, E / ARIN Taudallstown, ma			
He He He		238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. (OPATION (City town or county)			
Seg Seg B		BULLET 12-14-62 Wards Phrisel Schule Bull On Sund			
VR A15 (4)	20	24 FUNERAL DIRECTOR'S SIGNATURE - ADDRESS 250. REC'D' BY REGISTRAR'S SIGNATURE			
1SM 7/61	(A)	Durfer of Huight Ofishisvelle, Mid- 10ATFED 15'62			
	00				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
1/2	04505	CERTIFICATE OF DEATH	01571			
ifier death.	write RURAL end give neerest town)	e. STATE Md. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside Towson	b. COUNTY corporate I mits, write RURAL and give narrast town)			
ours a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to.	g.ve street eddress) 416 Hille				
T within 72 h	3. NAME OF DECEASED (Type or print) Harry G. Groven SEX 6. COLOR OR RACE 7. MARRIED	Middle Lost 4. DAY OF DEF	may 1			
any every,	male white WIDOWED 100. USUAL OCCUPATION (G v-kind of work done during most of working life, avera (f retired) Neured Lipe Litter 13. FATHER'S NAME	DIVORCED 7-2/-1004 DE BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State /// /// // MOTHER'S MAIDEN NAME	// yrs. ,			
noval, and in	(Yas, no, or unkown) ((Ifyasgivawarordalasofservice)	, rlugusta Vis IAL SECURIY NO., 17. INFORMANT Paul Grolock	Address			
izial, cremation, or rei	Conditions, if any, which gave rise to immediate causa (a), stating the undarlying cause last. (c)	mix myrarditis	INTERVAL BETWEEN ONSET AND DEATH			
orior to b	200 ACCIDENT WAS UNDERLYING [20b. DESCRIBI	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SE.	PERFORMED? YES NO A			
of Health p	20c TIME OF INJURY Month, Day, Year 20d, INJURY Hour a.m. While	RY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. Not White at work factory, street, office bldg., etc.)	(City or town) (County) (Stete)			
State Dept.	21. I certify that (I) (this hospita) attended saw the deceased alive on 22a. SIGNATURE		rom the causes and on the date stated above. STAFF STAFF STAFF			
d with the	22c. PHYSICIAN'S NAME (Type) Um. T. Schm	1/Z PHYS. DIRECTOR 22d ADDRESS 701 N. K	exwest ar. Pull M.			
Siles (4)	23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Spacify) 2-21-1 4U2 24 FUNERAL DIRECTOR'S SIGNATURE	Parkwood (emetery Ba				
9/60	Leonard J. Ruck Inc. 530	5 Hargord Rd. DATEFEB 20	*62 8 K			



ব		2	£	
9		0	· =	d
9		8	m	ŧ.
С.		崇	9	
_		_	Ξ,	Ę
专		2	ψ	1
é		ě	-	
ъ		5	<u>-</u>	
è	_	-	9	
뜌	- 2		ş	
8	- 8		Ŀ	
5			O	
5		=	6	
=		ō	_	
Č,		≗	62	£
.⊆		Ξ	ĕ	č
垂			20	Ť
`₹		ē	_	ď.
70		ě	23	4
0		Ë	ë	J
3		ō	p	Ě
×		ĕ.	O.	3
4i		š	0	_
8		В	<u>ة</u>	ŀ
-		Б	P	٤.
Ť		ů.	Δı	ŧ
.0		· 55	ž	3
Ξ		칫	Ĕ	÷
9		70	ē	ā
-		Ĕ	40	é
育		g	õ	2
ě		ē	흦	ō
45		Ħ	-	. 5
ĕ		0	è	τ
Ξ		څ	듣	Č
모		\geq		_
=		-	Ė	Ų
ë		9	E	ć
-=		6	ď.	ě
0	ċ	- 2	=	2
2	0	Ę	13	ċ
3	£,	ě	5	
_	>	9	五	Ē
93	古	õ	Ö	É
Į.	Ö	_	Þ	E
÷	토	돭	9	č
~	č	.ĕ	he	_
ŭ	픈	ide.	2/1	Ţ
S	O	à	Ö	=
7	5	9	Se	1
ᅕ	=	÷	>	4
O	i ti	-	ō	5
ž	Sp		70	2
0	ho	A	ě	5
Z	Φ	-:-	30	4
1	뜌	5	100	à
7	X	E	P	I
-		E	e	30
		1	7	3
0				
O.		0	믁	Š
AL O	etc.	11	pauld	Bang
TAL O	rek	RAL D	shauld	Bone
SPITAL OF	be refu	VERAL D	3 shauld	Sate Bone
OSPITAL DI	y be reft.	UNERAL P	te 3 shauld	State Bons
D HOSPITAL OR, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4	may be ret. by the haspital ar attending physician.	D FUNERAL DECTOR: After this cert ficate has been signed by the attending physician and campletely filled in the funeral director,	page 3 shauld be detached for use as the buriat-transit permit. Then please remove carbon papers Pages 1 and shauld be filed with	the State Board of Health prior to hurial cremation or removal and in one event within 72 hours often death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
RECERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Market and b. COUNTY Do I have a second lived.
Baltimore MAR	Maryland Baltimore
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Relay 05 year	s X Relay 27. Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hand to the property of the prope	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
or NSTRUTION Hill Hospital (her home	Visduct avenue
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Sadie Perkins	Gundry Geath Feb. 1914. 3
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRI	
Female white WIDOWED A DIVORCE	72 /11
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS (during most of working life, even if retired)	
None (K)	Baltimore Co., U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard K. Perkins	Amenda M. Pierce
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	
[Yes, no, or unknown] [If yes, give wor at dates of service] 215 -10 -1430	Son: Pr. Lewis P. Gundry, Relay 27, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	.] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y: Uremia	ONSES AND DEATH
DUE TO	
Conditions, if ony, which) Arterioscler	otic vascular disease Many years.
gove rise to immediate DUE TO	
lying couse lost.	
	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATK	PERFORMED? YES □ NO □
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING DE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o m. p. m. 19 of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o m. While Not while of work of work	foctory, street, office bldg , etc.)
	from June 156 to Feb. 3 1962 that (I) (we) lost
21. I certify that (I) (this haspital) attended the deceased	manufacture of the second of t
saw the deceased alive an. 102 and	that death accurred of A.M. from the causes and an the date stated above
22a SIGNATURE	ATTENDING MED STAFF 2-3-62 SIGNED
22c physician's	M.D. ATTENDING MED STAFF PHYS 2-3-62 SIGNED 22d. ADDRESS
NAME (Type) James Castellano, M.D.	Relay, 27, Md.
dames dasterrand, M.D.	
DEMOVAL (Specify)	AETERY OR CREMATORY 23d LOCATION (City, lown, or county) (Stote)
Burial 2-6-62 Green	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
John O. Mitchell & Sons, Inc.	1900 Eutawate FED ? '69 Chilling S. King
	Place



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 74 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY = STATE 6. COUNTY MARYLAND Marvland and I I b. CITY OR TOWN (if pulside corporate Lmits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give nearest town) Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Rt. 1 - Box 169, Owings Mills, Md. - Box 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH D. MARIANNE HALL. February o 2 with 6. COLOR OR RACE 7 MARRIED NEVER MARRIED K B DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Months Devs Boua 2 hours WIDOWED [DIVORCED | 126 Female 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA None Maryland Pages pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hall Marianne Luecke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown) | (If yes give we rordetes of service) Owings Mills, Md. Mr. William Hall None 18. CAUSE OF DEATH JEnter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, MAMMED ATE CAUSE (a) Interstitial Pneumonitis bur al-t DUE TO Conditions, if env. which (dt) geve rise to immediate cause DUE TO (e), slating the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 611 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES IN NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of item 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, , 20f. (City or town) 20c. TIME OF NJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work O.B.: Prior 21 I certify that I took charge of the remains described above, held an Autopsy IX., Inspection Inquiry and in my opinion forwarded to DIRECTO Surcide Undetermined manner death resulted from. / Natural causes X Hom cide CHIEF MEDICAL EXAMINER should be forware. FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT HOWARD G. SHAUB, M. D. NAME (Type) Address (Street, city, town, or county) 22b DATE THEREOF . 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or country) 220 BUR.AL, CREMATION, REMOVAL (Specify) St.Marys Cemetery Norfolk. Va. 40 b Burial 246. REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS A15ME Fline & Sons Reisterstown, Md. 5M 9 60



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If irst tulion, Residence before admission) e. COUNTY a. STATE b. COUNTY A Reltimore Marvland MARYLAND b. C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write RURAL and give neerest town) Catonsville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 344 Melvin Avenue 344 Melvin Avenue YES NO TO 4. DATE 3. NAME OF Middle Month Yee DECEASED OF (Type or print) DEATH 62 Inez Lela Hamilton February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers) IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months August 23, 1911 DIVORCED I WIDOWED T VIS. 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Lottsburg. Vifginia U. S. A. Domestie Private family 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wayland Nelson Lula Derman IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ((Ifyas give war or detes of service) Elmer Hamilton - 344 Melvin Avenue 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Office Conditions, if any, which pave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1-91-19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of ilem 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. IN. LRY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy |]. Inspection | Inquiry | and in my opinion 20 € Suicide Undetermined manner death resulted from: Natural causes Accident Homicide forward L DIRE CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER EPUTY MEDICAL EXAMINER 🖼 should by PUNER ddress (Street, city, town, or county) 010 NAME (Type) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION, 22b, DATE THEREO (State) REMOVAL (Specify) Evergreen Burial <u>5</u>40 24e. REC'D BY REGISTRAR 1 226. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Charles R. Law - 802 Madison Ave., Balte DATE FEB 2 1 '62 5M 7/59 arthur & House

the property of the same of the

The time of the

1	tems 18-21 MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTIC/ L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	91592MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01576
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission of the control of the
28 .£	e. STATE b. COUNTY
	Baltimore County MARYLAND Maryland Baltimore Co. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and quantum parents town)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
red of	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1 e. IS RESIDENCE
Por y	ON A FARM
une neo ate th.	617 Overbrook Road YES NO
any ne fu etair s Sta deat	DECEASED OF
h.	(Type or print) NINA Clarborne HAMM DEATH February 5. 19 62
ay h	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR.S. lest birthday) Months Days Hours Min.
and and 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Female White WIDOWED 12-14-1914 17 yrs. William 12-14-1914
after 2, 2, 3 h	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY
purs les 1 Pag s 1 n 7	Housewife Augusta, Georgia U. S. A.
24 ho Page Within	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John Claiborne Mary ?
vithin for Givent	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANY Address (Yes, no, or unknown) (If yes give war or debes of services)
ted will tem 18. with fo permit,	Yes World War II Mr. John E. Hamm, Jr617 Overbrook Road- #12
in be	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]
ong ong ong instit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Barbiturate poisoning ONSET AND DEATH
Buca Buca Prrz	970, 2 DUE TO
oula in po Office buria	
	gave rise to immediate cause
din din ste	(e), stating the underlying DUE TO
"pen "pen xamii used ion, c	COULD BEST. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(d), 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 4
	YES NO 4
Wed Wed	20a. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part Is of itam 18.) PRIMARY M or CONTRIBUTING By an overdose of barbiturate
ing inet buris	
Ch Ch See	Second Hour e.m. While Not While Home Cl.7 Overbrook Road Balto. Md.
the Po	6:00 xxx Feb. 5 19 62 at work Home 617 Overbrook Road Balto. Md.
Paris de la contra della contra de la contra de la contra de la contra de la contra della contra de la contra de la contra de la contra della contra	21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion
A Charles Char	death resulted from, Natural causes,
Nar.	CHIEF MEDICAL EXAMINER
forw forw forw	SIGNATURE DATE SIGNED M.D. ASSISTANT MED. CAL EXAM.NER DATE SIGNED
388 5	EXAMINER'S DEPUTY MEDICAL EXAMINER
PU Seb	NAME (Type) HOWARD G. SHAUB, M. D. Address (Street, city fown or county) 2/6/62
DEPUT A should be for Funeral I its designate	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C.ly, town, or country) (Stata)
0 240 9	20000
VS. AISME	23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR'S SIGNATURE
5M 9/60	11/11 1) Jeck up 4 /2 12 12 12 1 15 162 1. 32mg & Thomas
37	Jan



	1/1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
ם ה	4	01593 CERTIFICATE OF DEATH	01577
ner.		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institut	ioni Rasidanca bafora admiss on
27	\mathbf{M}	S. COUNTY BALTO MARYLAND S. STATE MD. B. COUNTY	1 LTO
± 5/4		b. CITY OR TOWN (If outside corporate limits, write RURA write RURAL and give nearest town).	L and give nearast town)
		CATONSVILLE X CATONSVILLE	
	ō	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
A STATE	s Inc	SHADY NOOK HOME 321 HARLEM LAN	YES NO
etely oers	-	3. NAME OF First Middle Lest 4. DATE Month OF	Day Year
pag 7		Type or print C 0 1/ E Q1 / E	cry 3 1962.
S C C		7. MAKKIED PA NEVER MAKKIED	DERT YEAR IF UNDER 24 HRS.
and cart	^ 'H	WIDOWED DIVORCED DEC, 19, 1908 53 yrs.	hg Days Hours Min.
ian yve	DA.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12	CITIZEN OF WHAT COUNTRY
ysic		HOUSEKEEPER HOME PENN.	U.S.A.
ase r		13. FATHER'S NAME	
ding	$\mathbf{Z}(\mathbf{L})$	FRANCIS R. ROSE ANNA A.V. STURG	-15
ten ten		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) ((Hyas give were order as of service)	
a el		Eugene Hammel - 3211	Halemtone
THE PERSON		1B. CAUSE OF DEATH (Enter only one cause per line for (a (b), and (c))	ONSET AND DEATH
Per P		PART I. DEATH WAS CAUSED BY, Belateral Data Cubent Montershay.	R pot 1960
ingin in i		DUETO AL	1
en s I-tra		Conditions, if any, which of (b) Atteresaction to the year to me Condition	REC.
be uria		geve rise to immediate cause (a), stating the underlying DUE TO	
has he b	5	cause last. (c) ClCatellet	
cate cate	2	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
S E S	5	S CONTROL MARK AND SOUTH OF THE STATE OF THE	YES NO
9 C C	i.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Tam 18.) OR CONTRIBUTING CAUSE OF DEATH Of EITHER, NOTIFY MEDICAL EXAMINER;	
ed f			(China)
Affe ach F		Hour a.m. While Not While Sectory, streat, office bldg., atc.)	(County) (State)
H de	e ë		7-
C B B	\$		196.2 that (I) (we)-las
See a	D d	- saw the deceased alive on, 1962, and that death occurred at life Mirom the causes and	on the date stated above 22b. DATE
Sept of the sept o	วิ อ	228. SIGNATURE	SIGNE
1 0	Ē	22c. PHYSICIANIS / DIRECTOR PHYS. 1	2-3-62
S A S	₽	NAME (Type) F/A ARY L. HALDO MD 4116 EDMINDS ON AV	F 2429
FUNI FUNI ector,		238. BURIAL, CREMATION, 1 23b. DATE THEREOF , 239. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or c	//
2 -	∓	REMOVAL (Spayity) 2-6-62 Cathedral Cem Balto	mo
H		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS (25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
VR A15 (4 15M Ⅲ/60		Forley-Cwanning f. 7 H-Catonsville M. DAFR 8 '62 aning &	
	11/2		
	100		



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01594 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on a. COUNTY » STATE h. COUNTY Balti..ore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Catonsville lvrl2dvs Baltamore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS IS RESIDENCE ON A FARM? 50h Edgewood Street YES NO SPRITTE 3. NAME OF DATE Молть Year M ddla DECEASED DEATH (Type or print) 1962 Jessie Februar v Hammond 9. AGE (in years | IF JNDER 1 YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BRITH 5. SEX and cu last birthday) Months WIDOWED K female 12. CITIZEN OF WHAT COUNTRY? 1Da. JSUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY B.RTHPLACE County & State or fore on country) done during most of working life, even if retired) Maryland housewite 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ### Frederick Frest 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give war or dates of service) H.cords. SPRING GROVE STATE HOSPITAL un nown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pnaumonia attending phy las been signe burial-transit **PULL TO** Conditions, if any, which " Arteriosclerotic heart disease gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO Bronchiectasis and fibrosis, left lung. prior 2Da. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) Month, Day, Year 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg , etc.) Hour a.m While Not While al work at work 21. I certify that (1) (this hospital) attended the deceased from Feb. 1618 of to Feb. 28., 1962, that (1) (we) last Feb. 28 saw the deceased alive on... 22b. DATE 27a SIGNATURE SIGNED **ATTENDING** 2-20-62 PHYS. DIRECTOR PHY5. HOSPITA death. Page TO FUNERAL director. 22d. ADDRESS 22c. PHYSICIAN'S Stella Wachsler. L. D. NAME (Type) Catonsville 28, Laryland 23a. BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) Burial A.A.Co.Md. Cedar Hill Cemty. 1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A15 (4) F.D.4101 Edmondson Ave 15M 9160

DATE MAR

O Thur & Heart

24 hours after

Within

certificate be executed

campletel

Affer

OR ATTENE hay be retained DIRECTOR:



01 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN if oulside corporate limits. a LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearss) town write RURAL and give nearest town) Hale thorpe Halethorpe d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address . d STREET ADDRESS S RESIDENCE ON A FARM? 4603 Rehbaum Ave. Mehbaum 4603 YES INO 3. NAME OF Middle LasI DATE Year DECEASED Frederick Hamson (Typa or print) DEATH COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birting 86 yr Male White Months Deys Hours Aug. 11.1875 WIDOWED [DIVORCED I within 24 hours 1, 2, 18. Give Pages 1, 2, th form PM3. Page 5 th 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR NOUSTRY 11 B RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? dang during most of working I fe, even if retired) Bricklaver Maryland 13. FATHER'S NAME 14. MOTHERS John H. Hamson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) with Susie Hamson, 4603 Rehbaum Ave certificate should be executed 18. CAUSE OF DEATH lenter only one cause on INTERVAL BETWEEN along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO if eay, gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HAL DISEASE La). 19. WAS AUTOPSY CERTIFICATION 8 **burial**, PERFORMED? Medical YES NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Pert Lor Part Lor Jam 18.; PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20 20c. TIME OF INJURY 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not White the at work at work 19 0 21 I certify that I took charge of the remains described above, held an Autopsy [Inspection X Inquiry and in my opinion forwarded to death resulted from Natural causes Accident Suic de Undetermined manner Homicide CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER MD. SIGNATURE T DEPUTY MEDICAL EXAMINER S ঠ EXAMINER'S NAME (Type) Address (Streat city, lown, or county) please 4 shou Health 22a, BUR AL CREMATION, 22d, LOCATION (City, town, or country) OR CREMATORY (Stota) Burial (Specify) 29 Md Loudon Park Balt imore 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Titzke F.D. 4101 Edmondson Ave VR ATSME 5M 1/62 DATE FER 2 8 '62 - ariling & House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Baltimore Baltimore MARYLAND Maryland b. C.TY OR TOWN (if outs de corporete limits, c. C.TY OR TOWN (If outside corporate timits, write RURAL and give neerest town) c LENGTH OF STAY IN 16 write RURAL and give neerest lown) 6 weeks Reisterstown Garrison d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Foxleigh Nursing Home 102 Chestnut Hill 3. NAME OF Middle DECEASED OF (Type or print) DEATH Harden Feb. Lena 20, 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lest birthday) Months Jan. 21. 1893 Female WIDOWED IX DIVORCED [physician 1De. USUAL OCCUPATION, Give kind of work 106, KIND OF BUSINESS OR NOUSTRY 11. B RTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired Washington D.C. Housewife 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME George Harry Williams Lena Marie Hansmann and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT removal, (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Mrs. Marie Hendricks Reisterstown.Md physician, none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, Carainoma - rectum years IMMEDIATE CAUSE (0) DUE TO Carsinoma - Cervix year (b) gave rise to immediate cause DUE TO (a), steting the underlying Metastasis - Carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X CERTIFIE 20a. ACCIDENT WAS UNDERLYING IT 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED., 20s. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital), attended the deceased from. February. 19.51 to Feb26, ... 1962, that (I) (w) last 224 SIGNATURE OR ATTENDING DIRECTOR PHYS. MD. 22c. PHYSICIAN S ADDRESS Clarence Reisterstown. Marviand director, p 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Loudon Park Crematory Baltimore, Maryland Cremetion 24 FUNERAL DIRECTOR'S SIGNATURE 258. REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Owings Mills, Md DATEFEB 27'62 (The 7 & Trans 15M 9/60



1	MARYLAND STATE DEPA	ARTMENT OF HEALTH ECORDS — BALTIMORE 1, MARYLAND	
	01597 CERTIFICATE	OF DEATH	01594
directo.	PLACE OF DEATH 2. U	SUAL RESIDENCE (Where deceased lived. If institution STATE Mary / A B C OUNTY	Residence before admission
eral be fi		CITY OR TOWN (If outside corporate limits, write R	
fun ould	d. NAME OF HOSPITAL (IF not in hospito), give street oddress)	HAMPSTEAD.	o. IS RESIDENCE
X Puns of	Falls Road	Folls Road	YES NO
n 24 ho filled in les 1 or oth.	3 NAME OF DECEASED (Type or print) Name OF First Middle TVE/VN	Last 4. DATE Mont	10ry. 6 1962
d withii	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DAT	TE OF BIRTH 9 AGE (In yeors lost busines) 7 4 23, 1903 975.	Months Days Hours Min.
camp camp	10a USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	IT/BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
and and 72 ho	House Wife Home	MOTHER'S MAJOEN NAME	(hs.A)
ysician within	Wintield Stine	Elsie IRENE. 1	MerryMAN.
certifi ng phy e remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM [Yes, no, or unknown] 17 yes, give wor or dores of service) MCNE Williams	iam Wasley HARHON.	HAM PSTEADING
death tendir please any	18. CAUSE OF DEATH [Enter only one couse per line for (9), (b), and (c).]		MITERVAL BETWEEN ONSET AND DEATH
the att	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PROPRIED TO THE PARTY OF THE PART	yo larditis-	
that by th t. Ti	Conditions, if ony, which	Cardin Vacantan Des	can i en
ires pred mave	gove rise to immediate Couse (a), stoting the under-	CATCHO VISACUIAT O	
requion. n sign nsit p	lying couse last. (c)		THE WAS ALTONOM
hysical hysical hysical hysical hysical history high.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
The page baria	20g. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Ent	er noture of injury in Port I or Port II of stem 18.)	A
IAN: Ficat The I	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSIC all ar att his certif use as to burie	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour o. m. While Not while of work all work all work	F INJURY (Home, form, 20f. (City or lown) street, office bldg., etc.)	(County) (State)
NG ispite	21. 1 certify that (I) (this hospital) attended the deceased fram/ DA	4 1 194210 Feb 6	196.2_ that (I) (we) last
NDI Se ho	saw the deceased alive and the 19.6 Z and that death	accurred at AM. from the causes an	d on the date stated above.
ATTE	220. SIGNATURE HOLD BY ALD M.D.	ATTENDING MED. STAFF PHYS.	22b. DATE SIGNED
a de	22c PHTSICIANIS	22d. ADDRESS	0-00
reto; RAL V shauld le Board	(NAME TYPE) SEPH E. Bush IVID	HAMPSTEAD MO	ry/ond_
HOSPIT may be re FUNERA page 3 sh the State	230 BURAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CRE	MATORY 23d LOCATION (City town	or county) (Stote)
O O O	2 ELINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	7 25a. REC'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
VR A15 (4) 15M 9/59	Victor- Elija Hawkasted Mi	26.1	- A House
13/1/137			



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01589

CERTIFICATE OF DEATH

	11/500											
1, PLACE OF DEATH o. COUNTY Bal	timore		MARYL	AND	2. USUAL RESIDENCE D. STATE Mary			lived. If institute b. COUNTY			re odmiss more	ion)
b CITY OR TOWN (If a RURAL and give need Timonium		, write	14 yrs.	ч 1Ь	c. CITY OR TOWN			ote limits, write R	URAL ond	give nec	rest town)
d NAME OF HOSPITA	L (If not in haspital, giv	e street	address)		. d. STREET ADDRESS	5				-	e IS RES	
OR INSTITUTION 1	7 Dennison	St.			17 De	nnis	son S	t.				FARM?
3. NAME OF DECEASED (Type or print)	First CHA	RLES	Middle WILLIAM	HEN	DERSON	4.	DATE OF DEATH	Mon		_{Do} 0~62	4	Yeor 19
5 SEX male		7. mari Widowi	RIED NEVER MARRIED DIVORCED		3. DATE OF BIRTH 9-15-1887			9 AGE (In years last-bythday) yrs.	IF UNDER	Days Days	Hours	R 24 HRS Min
10a. LSUAL OCCUPATION during most of warkin OWNER-OPE	(Give kind of work doing life, even if refired)	one T0b	farm	INDUS	TRY 11. BIRTHPLACE (SP		oreign co	untry}		IZEN OF		OUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAM	\E					
Joseph He	aderson				Sarah	Wos	sley					
15 WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16	SOCIAL SECURITY NO	17 IN	FORMANT			Add	ess			

(Type or print)	CHAR	LES WILLIAM	HENDE	RSON	DEATH	2	20~62	19
5 SEX male		MARRIED NEVER MARRI		ATE OF BIRTH 151887		GE (In years IF UND	ER TYEAR IF L	
10a. LSUAL OCCUPAT C during most of work OWNET-OP	ON (Give kind of work done on glife, even if refired)	106 KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE (Srot		/} 12. C	U.S.A.	AT COUNTRY
13. FATHER'S NAME			1.	. MOTHER'S MAIDEN	NAME	1 -		_
-	enderson			Sarah	Wosley			
1S WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	343-14-1558		mant avid Howar	d, abo	Address OVE		
	TH [Enter only one cause TH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line far (a), (b), and (c) METASTAT	io c	ARCINON	14		INTERVA ONSET	ND DEATH
Conditions, if a gave rise to i cause (a), stating lying couse last.	mmediate DUE TO	CARCINOMA	OF	STEMACH			2	YRS
PART II OTH		ONS CONTRIBUTING TO DE					` PI	/AS AUTOPSY ERFORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Year	20d INJURY OCCURRED While Nat while		OF INJURY (Home, for , street, affice bldg., e		own)	(County)	(Stole
saw the deceas	and the same of th	ttended the deceased	4			causes and an		ited above
22a. SIGNATURE VALLA 22c. PHYSICIAN'S	amaful	shiry "	M D.	ATTENDING PHYS.	MED ST	TAFF HYS	7-	226 DATE SIGNED 2/-6
NAME (Type)	William A. F	illsbury, M.D).	2060 Yor	k Rd., T:	imonium, M	aryland	
23a BUR A., CREMATIO	N, 23b. DATE THEREOF	23c NAME OF CEM	ETERY OR CE			(City, tawn, or count		(State)

ı					
ı	23a	BUR AL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, tawn, or county)
I		Burral (Specify)	2-26-62	East Lawn Mwmorial	Bloomington, Illinois.

Bloomington, Illinois.

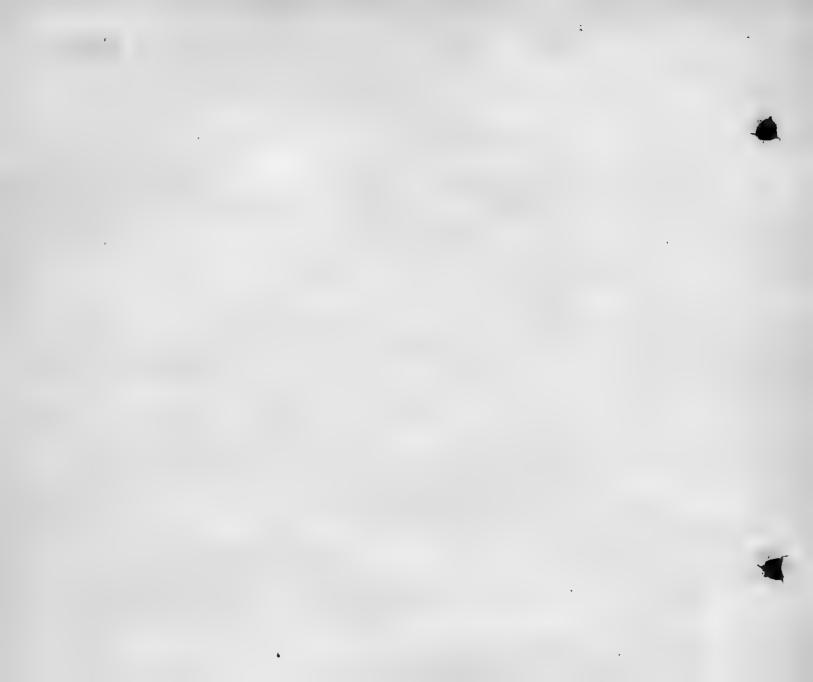
BY REGISTRAR | 256 REGISTRAR'S SIGNATURE

B 2 3 '62 | Caning & Kause 250 REC'D BY REGISTRAR
DATE FFB 2 3 '62 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Brooks Funeral Service, Inc., Towson 4, Md.

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01600 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if 'nstitutioni Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete lim'ts, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Baltimore Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS IS RESIDENCE ON A FARM? House in the Pines, 16 Fusting Ave. 1217 Linden Avenue YES NOXX 3. NAME OF 4. DATE Month Midd e DECEASED (Type or print) DEATH Henry Herbert February 16. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers IF UNDER I YEAR B. DATE OF BIRTH last birthday] Months Days Hours DIVORCED | | April 17, 1884 white male WIDOWED [10e. JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE County & State or fore an country! | 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret.~Elect. Cont. Self-Employed U. S. A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Herbert Marv Geise 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yas, no, or unkown) (Ifyesgiva war or dates of service R. Harry Herbert, 12 N. Carey St. #23 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) expertensine cardiovascular dis 5 4 DUE TO Conditions, if only, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 2Da ACCIDENT WAS UNDERLYING [2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) fectory, street, office bldg., alc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from OC saw the deceased alive on 7.-22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) A. Bradley Daugharthy, M. D. 1264 Francis Avenue, Halethorpe 27, Md. 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 2/26/62 Loudon Park Cemetery Baltimore, Maryland 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) Howard H. Hubbard, 4107 Wilkens Aveneu (round of Throngs 15M 9/60 #29



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND GERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY 1925 Crafton Ave. b. COUNTY Balto. Co.22 1925 Crafton Ave. MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Graceland Park Graceland Park d. NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? OR INSTITUTION 1925 Crafton Ave. YES NO NAME OF 4. DATE Middle Year DECEASED Feb.27/62 Charles J. Hiltner (Type or print) 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9 AGE (In years lost buthday) Months Doys Feb.20.1898 Hours Male White WIDOWED | DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) Bath. Steel Corp. Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mamie Helman Andrew Hiltner 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs Anna. H. Hiltner, 1925 Crafton Ave. 213-07-4278 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that (1) (this haspital) attended the deceased fram. 194 2 and that death accurred 12 19h, fram the causes and an the date stated above. saw the deceased alive an 220 SIGNATUR SIGNED ATTENDING DIRECTOR | M.D APDRESS 22c PHYS CIAN'S 22d Andy be resident of FUNERAL F NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) page the Sta REMOVAL (Specify) Mar.3/62 Balto. Md. Oak Lawn Cem. **ADDRESS** 25o. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE JURECTOR'S SIGNATURE 2024 Orleans St. 31 2 '62 DATE MAR Cithun & Henry

MARYLAND STATE DEPARTMENT OF HEALTH

director

.5 5

filled aes 1

and ban I

permit.

I-transit has been

burial

VR A15 (4)

15M 9/59

gned

after death. Page

haurs

requires that the death



		01602 CERTIFICATE OF DEATH 01585
2 should	M)	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence admission) a. STATE b. COUNTY Baltimor Baltimor
h by II)x *	b. CITY OR TOWN (if outs de corporata limits, write RURAL and giva nearast town) writa RURAL and give nearast town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS on A FARM?
completely fi		1210 Stella Drive 1210 Stella Drive 3. NAME OF DECEASED (Type or print) Bertha Lucilla Hobson 1210 Stella Drive #7 YES NO Day Year Plant Day Year Day Year
an and ve carbo		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED 3-19-1887 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 11c CITIZEN OF WHAT COUNTRY?
ding physici please remo	T	Housewife Maryland USA 13. FATHER'S NAME Charles Barnsley Julia Starkey
on. the attenual. of. Then presented in the presented i		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI Address (Yes, no, or unknown) ((Ifyas giva war or dates of servica) NO Mrs. B.V. Commarata=1210 Stella Drive [18. CAUSE OF DEATH (Entar only one cause per line for (e), (b) and (c) INTERVAL BETWEEN ONLY AND DEATH
attending physici as been signed b burial-transit per al, cremation, or		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FYER TENS IVE CALDIO VASCULAR D'SALLE - 1956 Conditions, il any, which gave rise to immediate cause (a), staling the underlying occuse lest.
he hospital or nis certificate ha for use as the th prior to buri	C	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
ained by the the detached it of Health		20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State) Hour s.m. Whila at work 19 at work 19 at work 19 Arctory, street, office bldg , stc.)
DIRECTOI 3 should be		21. I certify that (I) (this hospital) altended the deceased from. 19.1. to
HOSPITATION PAGE FUNERAN INSCRIPTION PAGE FILED WITH I	1	228. PHYSICIAN'S NAME (Typa) NORMAN R. KLEIMAN 3803 EDMONDSON NE-BALTE-24/2 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stata)
O 등 다 교 VR A15 (4) 15M 9/60	- N. E	Burial 2-21-62 Woodlawn Cematery Woodlawn, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. DATE P. 19 '62 Carling & Human Address Date P. 19 '62 Carling & Human Address Carling & Human Address





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01603 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before agmission) a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outs da corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (I outside corporate fimils, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville Lovromthlodvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Baltimore City Hospitals STATE GROVE: YES NO 3. NAME OF First Midd a 4. DATE DECEASED OF (Typa or print) Richard Hochmal DEATH February 19 62 and cor 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED X B. DATE OF B RTH AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Monthsi male white WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II B.RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bohemia ทกทล Bohemia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Unknown Mary d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOC AL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ; (Ifyas giva war or datas of sarvice) oval Records: bibe SPRING HOSET AL 18. CAUSE OF DEATH [Enter on y one cause per him for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gava rise to Immediata cause DUE TO (a), stating the undarlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO TO 20a, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of in any in Part or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm,) 20f. (City or lown) (County) (Stata) factory, straat, office bldg., etc.) Hour a.m. While Not While al work at work 21. I certify that (F (this hospital) attended the deceased from May 22..... to... Feb. 8 19.62, that 60 (we) last 19.62, and that death occurred al. M, from the causes and on the date stated above. Feb. saw the deceased alive on....... DIRE 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Stella Wachsler. M. D. Catonsville 28, Maryland (State) 23a, BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county 10 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Orthur S. Thous DATEFER



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, if institution, Residence before admission) a. COUNTY **b.** COUNTY a. STATE Md. Bal timore MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give rearest town) 24 write RURAL and give neerest town! Reisteratown Baltimore # 24. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Ave YES NO Bent Nursing Home. Highland кесптва 3 NAME OF Middle 4. DATE Month DECEASED DEATHFobruary (Type or print) AGATHA AGNES HOEHN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF JNDER 24 last birthday) Months Days Female Whi te WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic ie remo Retired House Work. Baltimore U.S.A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending I pla pla Philip Dietz. Anna Stock. 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT 410 S. Highland Ave. (Yes, no, or unkown) , [If yes give wer or dates of service] No Balto.. 24.Md. John J. None Hoehn 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: THRUMBUSIS 30 MIN: IMMEDIATE CAUSE (e) ERE BRAIL DUE TO ARTERIOSCLEROTIC C.V. DISENSE Conditions, if any, which (6) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1661 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18) 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. el work at work O. m 21. I certify that (I) (this hospital) attended the deceased from ANN, 5......, 19.67 to ... FB ... 9....., 1967 that (I) (we) last 19 6 2 and that death occured at 5.30M, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ပ်နှင့် Sacred Heart Cemetery German Hill Rd. Md. rial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) FUNERAL DIRECTOR'S SIGNATURE DATE 1 3 '62



IISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residence before edmission e. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b, CITY OR TOWN (if outs de corporete limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) write RURAL and give neerest town) 24 Perry Hall Perry Hall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e, IS RESIDENCE ON A FARM? 4220 Darnell Road 4220 Darnell Read YES NO 3. NAME OF 4. DATE Middle Month DECEASED [Type or print) Mrs. Elizabeth Hoffman DEATH February 1962 5. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. DATE OF BIRTH and girthdey) Months 1868 Female August 17. WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work hysician 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At Home Pennsylvania SA 13. FATHER'S NAME attemding # 14. MOTHER'S MAIDEN NAME .⊆ George R. Yocum and Wilhelmina 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address law requires that the (Yas, no, or unkown) | [Ifyes give werordetes of service] 4220 Darmell Road Mrs. Frank Dunkes No Perry Hall, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c), ģ ND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A roles the Centivacoular Drocace gave rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNATION CONTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO CERTIFIC, 2De. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital), attended the deceased from... A.M. from the causes and on the date stated above. 1902 and that death occured saw the deceased alive on... IRE 22h. SIGNATURE 22b. DATE **ATTENDING** SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S (State) 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 7 8 Burial Feb. 10, 1962 (West End) Pottstown, Pennsylvania 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Burgee Funeral Home 3631 Falls Road EFIN 8 Clother DATE Wall Baltimore, Maryland

u •

		DIVISION OF STATISTICAL RESEARCH AND RECORD		ARYLAND
± %₽ ∕		01606 CERTIFICAT	TE OF DEATH	01589
ours afte 2 shouls	M)	1. PLACE OF DEATH s. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased I ved, if Institutions R a. STATE b. COUNTY Maryland How	ard
24 h		b. CITY OR TOWN (if outside corporate l.m.its, write RURAL and give nearest fown) Fort Howard 76 Days	c. CITY ON TOWN (If outs de corporete limits, write RURAL end	g've nearest town)
ithin	51	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress,	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
ted w etely f pers. F		Yeterans Administration Hospital 3. Name of Beceased Auddle Auddle	Last 4. DATE Month OF	Day Year
npl pag		(Type or print) EDWARD	HOLLAND DEATH February	4 19 62
and con carbon it, within			B. DATE OF BIRTH 9. AGE (In years IF JNDER 1	_
ificate ician iove even		10e. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11, BIRTHP, ACE (County & State, or fore gn country) 12, CITI	ZEN OF WHAT COUNTRY
physical phy		Laborer - Odd jobs Private family	Highland, Maryland	U. S. A.
death	1)	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Frances Holland	_
ian. y the attemit. Then removal,		Yes [flyesgivewarordatesofservice] WW I IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Clinical Records, VAH, Baltimore Fort Howar	18, Maryland d Division INTERVAL BETWEEN ONSET AND DEATH
hysici ned b it per		i ministrate entour (o)	STOMACH WITH METASTASIS TO ND REGIONAL LYMPH NODES,	
ing p ing p in sign		Conditions, if any, which \ (b) OMENTUM AND MESEN		UNKNOWN _
The I attend has bee burial		geve rise to .mmediate cause (a), steting the underlying cause test. PNEUMONIA, RIGHT	LUNG	RECENT
Spital or tificate las the or to but	%.	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 1 CAUSE OF DEATH OF THE EITHER, NOTIFY MEDICAL EXAMINER!		1(a) 19. WAS AUTOPSY PERFORMED?
PHYS the ho this cer d for us			D. (Enter nature of in ury in Part i or Part II of item 18.)	
CDING ined by After Jetache of Heg			ACE OF INJURY (Home, ferm, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (Slete)
ATTEN be retailed ICTOR uld be c		21. I certify that (this hospital) attended the deceased from saw the deceased dive on February 4 19 62, and that	11/20/ 1961, to 2/4/ 19 19 19 19 19 19 19 19 19 19 19 19 19	he date stated above
DIRECTOR Sta		220. SIGNATURE LID.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	2/5/62 DATE
Page NERA or, page d with	1	Z2c. PHYSICIAN'S NAME (Type) SEBASTIAN RUSSO, M.D.	VAH, BALTIMORE 18 MD., FT. HOWA	
HO HO Jeath.	0	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 2/9/62		
2 P P P P P P P P P P P P P P P P P P P	1	Burial Hopkins Cen	258. REC'D BY REGISTRAR 256. REGISTRAR'S A	
15M 9/60	1	Robert Showden Muswa Rockville, Man	ryland DATE PED	





1		MARYLAND STATE DEPARTMENT OF HEALTH			
		DIVISION OF STATISTICAL RESEARCH AND 1607 CER	D RECORDS, 301 W. PRESTON TIFICATE OF DEATH	STREET, BALTIMORE 1, MA	RYLAND
ea (M)	=	PLACE OF DEATH		E (Where decessed lived, If Institution: Res	Idence before admission
4			MARYLAND 8. STATE	FINNE FRU	NdE1
and and		b. CITY OR TOWN (if outside corporate limits, write RURAL and giver neerest town)	OF STAY IN 16 c. CITY OR TOWN (IF a	outside corporate limits, write RURAL and c	give nearest town)
14		d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street	et eddress d. STREET ADDRESS	DETEN	IS RESIDENCE ON A FARM?
hours	3.	PRING GROVE SIFIE	HOSP! KOSE	THUEN	YES NO Year
iii 72		OECEASED (Type or print)	HOLMES	DEATH FEB .	24 19 62
THE STATE OF THE S	5.	hr 1.,	WARRIED B. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YE lest birthdey) Months De	11
venf	10 d	b. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS N into during most of working life, even if refired)	- 0/12//	& State or foce on country] 12. CITIZE	N OF WHAT COUNTRY?
Ş≣ X	_	FATHER'S NAME DOME	ISLIC SWEDE	N _ US	S # !
I) g		MATHIS MATTS	ON Unkn	own	
val, a	-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIÁL SECU 25. no. or unkown] (Ifyesgive wer ordates of service)	RITY NO. 17. INFORMANT	RECORDS	•
Гет		18. CAUSE OF DEATH [Enter only one ceuse per I ne for (a), (b),	and the second second second	WEGD 402	INTERVAL BETWEEN
o, od		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRONC!	HOPNEUMONIA		4-5 days_
1		Conditions, if any, which (b)			
<u>,</u>		gave rise to immediate ceuse (a), stelling the underlying DUE TO			
2 2	N N	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART 10	e] 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	TV J EV 108 CH EVOLO TE	PARTUICEOSE NJURY OCCURED. (Enter nature of injury in Pa	rt Lor Perf II of item 18.)	YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
5	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU Hour a.m. While Not While of work et work et work		201. (C'ty ar town) (County	y) (Stele)
		21. I certify that (I) (this hospital) attended the de	ceased from 12-/3 19	61, to 166,24, 196	Sthat (I) (we) last
		saw the deceased alive on Rish 196	3., and that death occured av 35	M, from the causes and on the	a date stated above. 22b. DATE
the		Jose K. Crizaga	MILD.	D. STAFF PHYS.	1-24-62
<u> </u>		PHYSICIANS TESER. ARIZA	CAA SPRIME	GRELE STATE	Her. ?
pelij e	23	REMOVAL (Specify)	OF CEMETERY OR GREMATORY	23d. LOCATION (City, town or county)	(Steta)
.B	24	FUNERAL DIRECTOR'S SIGNATURE PRINCIPLY ADDRIV	ESS T 250, REC'D	BY REGISTRAR 256. REGISTRARY SK	GNATURE
By	1	Hutchins Funeral Horse, Owin	igs Calvert Co, Md DATE FI	EB 2 8 '62 Cot 1 8.	Krana



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY BALTIMORE files. MARYLAND Maryland Balti more b. CITY OR TOWN (if oulside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest fown) 20 Yrs BALTIMORE 6 Baltimore 6 d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? refained he State B 5122 Kenwood Avenue 5122 Kenwood Avenue YES NO NAME OF Middle Last 4. DATE Month Year DECEASED OF (Type or print) DEATH WINTFRED 19 KEYES HOPPER With 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days WIDOWED -DIVORCED Male 万9 yrs. SOO IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PM3. Pages Operator Bethelhem Steel Bakertown W. Va. USA pages 13: FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Hopper Nettie Glassford E E EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Office along with to a burial-transit permit. permit. (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Mrs Mildred Hopper 5122 Kenwood Ave (6) in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease in pencil IMMEDIATE CAUSE (6) removal DUE TO Conditions, if eny, which (b) gave rise to immediate cause 45 DUE TO (e), steting the underlying SE Examiner ò pesn cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? Medical NO 4 plnous 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | I DIRECTOR: Page 3 st CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) (State) fectory, street, office bidg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy to Inspect.on Inquiry and in my opinion ICAL death resulted from. Natural causes X Accident Suicide Homicide. Undetermined manner CHIEF MEDICAL EXAMINER designated ASSOCIATE EXAMINER ACTUAL should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D. Addr 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22a, BURJAL, CREMATION, 22d LOCATION (City, town, or country) REMOVAL (Specify) 240 g Burial Elmwood Cemetery Shapherdston W Va 23. FUNERAL DIRECTOR VS. AISME 5M 9/60 Cuthur S. Henre DATE FFR 8



61	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01592	
MALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission)	
r. Page files. Health		e. COUNTY Ballians MARYLAND a. STATE b. COUNTR	
	1	b. CITY OF TOWN (if outside corporate limits, write RURAL and hive neerest town) c. LENGTH OF STAY IN 1b c. CITY OF TOWN (if outside corporate limits, write RURAL and hive neerest town)	
rd our rector	_	Calmonte oup Tilles Bace	
X S		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS on A FARM?	
nny de funer tained State eath.	3.	NAME OF First Middle Last 4. DATE Month Dev Year	
If an the state of		(Type or print) Levygen W Hasking DEATH Jely 11 19/19	
Steath.	5,	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 15. AGE (In yas IF UNDER 1 YEAR IF UNDER 24 HRS.	
er dea and 3 2 wit		Male While WIDOWED . DIVORCED [Ceptell lest birthday) Months Days Hours Min.	
2, 1, 2, 1, 2, 99 E	10e	D. USUAL OCCUPATION (Give kind of work 106 K ND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (See or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
hours af ages 1, 23. Page 1, 21. Page 1, 21. Page 1, 21. Page 1, 21. Page 1, 22. Page 1, 23. Page 1, 2	13	FATHER SMANNE PRINTER PRINTER MATTER	
268 3		FATHER SMANE 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. OF STATES	
vithin for Giv		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
uted wii Item 18, with for permit.	(14	(If yas give war or dates of service) Howard McChurch Bank And	
		18. CAUSE OF DEATH [Enter only one cause per line for [a], (bland (c).] PARI I. DEATH WAS CAUSED BY:	
d be exect pencil in ce along ce along lal-transit all, and in al,		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH	
ould b in per Office burial-		DUE TO AC IN TO A COMMENT OF THE STATE OF TH	
should in post		geve rise to immediate cause	
ndir iner d as		(a), stelling the underlying DUE TO cause last. (c)	
E: X = 0 (/)	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS ALTOPSY	
riis c	CERTIFICATION	PERFORMED? YES \(\sqrt{NO} \)	
W 60 O . I	ERTIF	20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Part I or Part II of item 18.) PRIMARY (or CONTRIBUTING (CAUSE OF DEATH.)	
ting hief J souris		46	
T S S S S S S S S S S S S S S S S S S S	MEDICAL	20c. TIME OF INJURY Month, Day, Teer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, Jarm, 20f. (C.ty or fown) (County) (State) Hour a.m. While Not While of work at work at work	
icate, to the OR: prior	~	21. I certify that I took charge of the remains described above, held an Autopsy Inspection I liquiry and in my opinion	
CTAL		death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner	
con the certification be forwarded to signated agent,		CHIEF MEDICAL EXAMINER	
PUT:		SIGNATURE MD ASSISTANT MEDICAL EXAMINER D PATE SIGNED	
Sign of the state		EXAMINER'S GEO.S.M. RIFFELM DEPUTY MEDICAL EXAMINER 10/0/0 XON LOWER (Type)	
DEPUT should I FUNEI	22a	BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) [22d. LOCATION (City, lown, or country] [25d. LOCATION (City, lown, or country	
0 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Z	urial 2/15/62 7 amily Plot Wilker Barre, Pa.	
VS. ATSME	23	ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	
5M 7/59		and L. Il aver Willen Barre Ta DATE FEB 14'62 C UM S. Thomas	
		(A) mue nett Catomoritle ma	

inst bis.

1		MARYLAND STATE DEPARTMENT OF HEALTH			
			OTETO CERTIFIC		1. TIMORE 1, MARYLAND 01593
ould		1	U1610 CERTIFICA		
sho			C9571Y /	a. STATE AA	d lived, If institutions Res'dence before edmission) b. 60 JMTY
# 7 h	N)	-	CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY		limits, write RYRAL and give nearest lown
क विशेष		-	OCKEVSUILE 3 XXX	- Cackeys	11)/0
s af	X		NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give sheet address	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
ely f	,	- 3.	TAME OF OYK Kd	Jork Kd.	YES NO
pape 72			AME OF First Print Middle	DESTH -	Month Day Year
P F		5.	EX 6. COLOR OR BACE TO MARRIED TO NEVER MARRIED	8. PATE/OF BIRTH	
eg.t.			E W, WIDOWED DIVORCED	- 1 / / / / / / / / / / / / / / / / / /	birthdey) Months Days Hours Min.
0V8 6V6		10a do	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR I	INDUSTRY 11. FIRTHPLACE (County & Stele, or foreign	n (ountry) 12. CITIZEN OF WHAT, COUNTRY?
any any		13.	Tousewite - Own hom	C PAYKON MAIDEN NAME	(1. J. /t
please	T		Take Maclay Millan		enr
en pleas	F	15. (V	VAS DECLASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO	INFORMANT CO	Address
T Poor		(14	110	Symethet Howard	Cockeyorlle Md
rmit.			8. CAUSE OF DEATH (Enter on y one cause per time or (a), (b), and (c). PART DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
iii pe	/		IMMEDIATE CAUSE (0)	o secre	- 3NUS _
rans matic	V		Conditions, II only, which (b)		
- C. D.			peve rise to immediate ceuse a), steting the underlying DUE TO		
uriaf	,		ausa lest. (c)		
9	(NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED?
rior		IFICA	Da. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY O	CCURED. (Enter nature of injury in Part I or Part II of ite	M 18.1
된		CERTIE	R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ICAL	COc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1	20e. PLACE OF INJURY (Home, ferm, 20f. (City or to factory, street, office bldg., etc.)	wn) (County) (State)
t. of		MEDI	p.m. 19 at work at work	1.2	7-14
Dep			1. I certify that (I) (this hospital) attended the deceased	- 4 -	
State			aw the deceased alive on	1	causes and on the date stated above. 22b. DATE
흄			Walter 1 - 1 Cel		AFF YS.
Set in			2c. PHYSICIAN'S NAME (Type) 11/2/Tar T Kans	229 ADDRESS	mal
9	1	720	BURIAL, CREMATION, 1 236. DATE THEREOF 1236. MAME OF CEN	METERY-OR CREMATORY / 1230 AOCATION	(City, town or county), (State)
direction direct		1	BURIAL, CREMATION, 236. DATE THEREOF 23c. MAME OF CENTROL TO THE STATE OF	Complexy Cart	151/1 1/0 Md
15 (4)	5 /	24/	UNERAL DIRECTOR'S SIGNATURE , ADDRESS	25%. REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATURE
9 60 C	LK.		lacol Norlembern, New Hreldo	M, Ja, DATEMAR 1 '62	Curino S. France
	3 11	0	/		

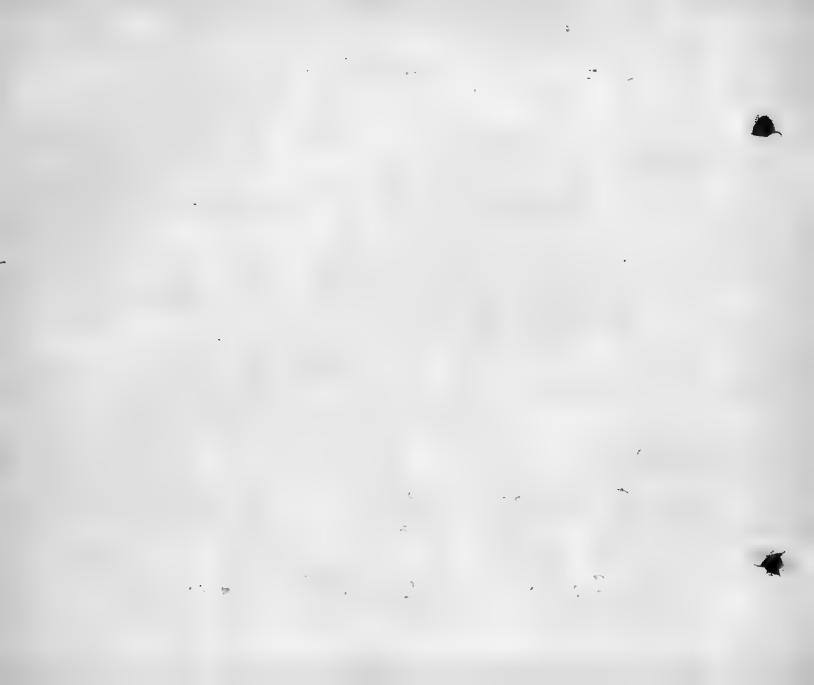


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b, COUNTY MARYLAND b. CITY OR TOWN (I outs de corporata lim Is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nuerast town) write RURAL and give nearest town) rareva d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED OF (Typa or print) DEATH 19 5. SEX B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. [ast_birthday] Months ma WIDOWED D VORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ket. Grocer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yas, no, or unkown) ((fiyasgivawarordatasofservice) atherine 3. Huver 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), (INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY FICATION PERFORMED? encor cler over 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING L OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (C ty or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work .2.3., 196 2 that (I) (we) last 21. I certify that (!) (this hospital) attended the deceased from. 19.5-2, and that death occured a A.M. from the causes and on the date stated above. saw the deceased alive on., 22a. SIGNATURE 22b. DATE ATTENDING PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 23b. DATE THEREOF (Stata) FREMOVAL (Spacify) 0 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

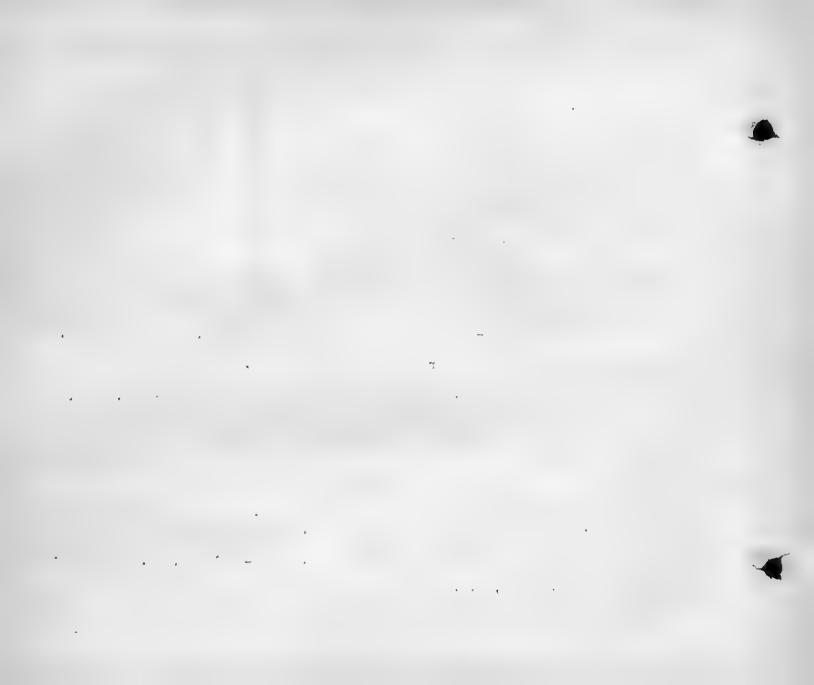


	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1 1 1 2 B	01612 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist 01595
please 4 shaul crema	1. PLACE OF DEATH D. COUNTY Balto. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) D. STATE Maryland D. COUNTY B
Poge burial	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lans downe
in the second se	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) d STREET ADDRESS
elay r files	Bro Railroad 1834 Linden Hve. YES NO NO NOT NOT YES NO NOT NOT YES.
any d	(Type or print) Ullysses (S) Hudson DEATH Feb. 19 1962
h. If o the formed for the formed fo	5. SEX 6. COLÓR OR RACE 7. MARRIED NEYER MARRIED 8. DATE OF BIRTH Negro WIDOWED DIVORCED Scht. 8 1927 34 yes. Months Days Haurs Min.
er deal and 3 h be relai	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if refired) Distillery South Carolina
S may by ages 1 a	13. FATHER'S NAME James Hudson 14. MOTHER'S MAIDEN NAME Corrie Bellomy
thin 24 h	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address VIN II 250-20-7240 Elizabeth Gee 1834 Linden AVE.
ted will 18. G m PM3 permit.	18. CAUSE OF DEATH [Enter only one cause per line for a], (b), and (c),] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
executiff of the consist of the cons	DUE TO COLOR
old be ang w urial-h	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying DUE TO
in p ice all	COUSE TOST. COUSE TOST. COUNTY C
nding's Off	PERFORMED? YES \(\text{NO } \(\text{PC} \)
This ce coming the coming of the ce	200. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Popple of jtem 18) CAUSE OF DEATH. 20d. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Popple of jtem 18) CAUSE OF DEATH.
the wo dical Est a 3 sha	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 201. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) Hour pm While Not white of work of w
EXAN riting of Me it Pog	21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that
CAL 1	death resulted from: Natural causes
MEDI	ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
PUTY the cr orded NERAL	EXAMINER'S GEO, S. M. Kiefferth JOPPUTY MEDICAL EXAMINER 1010 Locals are
cute forw	270. SURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) 3/2/62 LOCATION (City, town, or county) (State)
YS. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AUTHORITIES ADDRESS AND REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FER 27'62 CONTAIN A 7' MAINTERS ADDRESS AD



01613 CERTIFICATE OF DEATH Reg. D. 1.595 if director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) a. COUNTY b. COUNTY ofter death. b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c CITY_OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAtiand give nearest tawn d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE OF INSTITUTION ON A FARM BAX 290 YES T NO D NAME OF DECEASED Middle (Type or print) 196 7. MARRIED X NEVER MARRIED 9. AGE (In years lost b rthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days DIVORCED [7] WIDOWED [10a. USUAL OCCUPATION (Give kind of work dune 10b. KIND OF BUSINESS OR INDUSTRY 11) 32 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CVA - Probable intracerebral homerrhage. 5 min. DUE TO general atteriescleresis & assoc. ASFD Canditions, if any, which vears gave rise to immediate **DUE TO** cause (a), stating the underassec. primary Amyleidesis with hepatic invelve. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? except arrested inactive TB YES NO IX 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) (County) (State) factory, street, office bldg, etc.) Haur a.m. Not while at work at work . 1961 ta Feb. 2 1962 that I last saw the deceased 21. I certify that I attended the deceased from July 19 ____, and that death accurred at 12:30AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 202 S. Main - Bel Air, Md. PHYSICIAN'S Warren R. Lesch, M.D. 22a BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

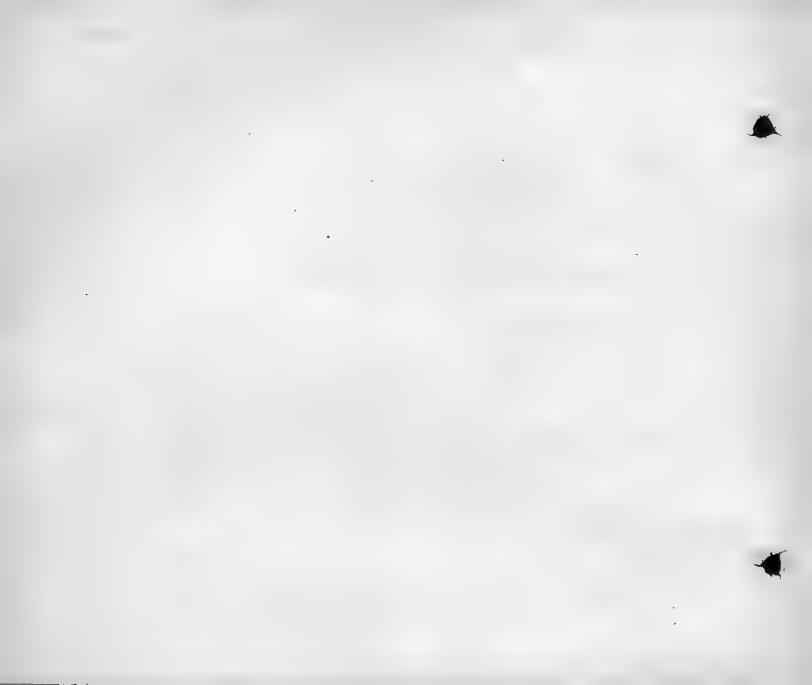


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY Baltimore 6. COUNTY Baltimore MARYLAND c. CITY OR TOWN (if outside corporete i mils, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)
Baltimore 27 Baltimore 27 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3605 Annapolis Blvd., YES NO res that the death certificate be executed 3. NAME OF Middle DECEASED DEATH February -16 19 (Type or print) Theresa Huppert 9. AGE (In years , IF JNDER T YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 83 Months March 22,1878 Female white DIVORCED 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHP. ACE (County & State or foreign country) done during most of warlang life, even if retired) Kamerstorf, Austria U.S.A. 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Hansalek Ingolia (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT (Yes, no, or unkown) (Ifyesg vewerordetesofservice) Margaret E. Blanck, 3605 Annapolis Road, Zone 27 none 18. CAUSE OF DEATH [Enter only one cause per Imenior (a): (b) and (c). INTERVAL BETWEEN St. - (0-V-1) ONSET AND DEATH PART I DEATH WAS CAUSED BY: 34425 IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIEL 19. WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part Lor Part Lof Itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or Jown) (County) (Slala) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bldg., etc.) Not While While Hour am. et work et work 21. I certify that (I) (the horpital) attended the deceased from / O , and that death occured et A. from the causes and on the dete stated above. saw the deceased alive on A 22b. DATE S GNED ATTENDING Z DIRECTOR PHYS. death. Page TO FUNERA director, p. 22d ADDRESS PHYSICIAN S Rossborg, Washington Blvd 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 236. DATE THEREOF 23d, LOCATION (City, lown or county) 2=19-62 Loudon Park Cemetery Baltimore **ADDRESS** 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE ER 2 0 '62 hung S. Thomas 15M 9/60 William Cook, Inc., 1217 St. Paul Street

RYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 01615 PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution. Residence before admission] a COUNTY b COUNTY & MARYLAND deoth. CITY OR TOWN (If outside agreerate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give nearest tow d. NAME OF HOSP TAL (If not in haspital, give street address) IS RESIDENCE d STREET ON A FARM? YES NO <u>.</u> E NAME OF Middle 4. DATE OF Month Yeor (Type or print) DEATH S. SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 6 COLOR OR RACE NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of yarking life, even if retired) pup pou 13. FATHER'S NAME 14. MOTHER'S-MAIDEN NAME 8 гетоме 17, INFORMANT 680+1 CAMPFIELD S ARMED FORCES? 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Candilions, if ony, which gove rise to immediate DUE TO cause (a), slating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES INO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while p m of work all work 1962 that (1) (wa) last 21 I certify that (1) (this hospital) attended the deceased fram. 19 (1.), and that death accurred at 5.11. M. from the causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b, DATE SIGNED ATTENDING MED DIRECTOR M D PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) RIAL CREMATION 236 DATE THEREO CEMETERY OF CRE (State) page the Sto 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Coulun S. Traus VR A15 (4) 1SM 9/S9



01616 **CERTIFICATE OF DEATH** Reg. Di 01599 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY b. COUNTY MARYLAND HIMARE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress d. STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE DEATH (Type or print) 5. SEX _ 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS S. DATE OF BIRTH Months Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Damen P 13.-EATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 JINFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage IMMEDIATE CAUSE (o) DUE TO Mypertensive Arterio-sclerosis I yr 9 Mo Conditions, if only, which gove rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Hyppstatic Bneumonia (Pneumonia Diabetes 20a. ACCIDENT WAS UNDERLYING AND CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a. n. While Not while of work p. m 21. I certify that I attended the deceased from Apr-I6th, 1960, to Felt-22nd, 1962, that I last saw the deceased _, and that death occurred at 9.30AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Winters Lane PHYSICIAN'S Catonsville, Md. C.F.Malonev NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, for county - REMOVAL (Specify) Survice 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE FEB 2 6 '62 Civilian S. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Doe

ON A FARM? YES NO T

Yeor

19

INTERVAL BETWEEN 9 Days

PERFORMED 2

YES TO NO P

(Stote)

DATE SIGNED

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, OF DEATH 01617 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate I mits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | mits, write RURAL end give necrest town) write RURAL end give neerest lown) Fort Howard 25 Days Baltimore 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1409 Poplar Grove Street YES NO X 3. NAME OF DECEASED OF (Type or print) DEATH 1952 JOSEPH JONES February
AGE (In years | FUNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BRIH lest birthdey) | Months Male WIDOWED [DIVORCED Negro June 3 1De. USJAL OCCUPATION (G ve kind of work 10b. K.ND OF BUSINESS OR INDUSTRY 11 BRTHPLACE County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Trackman (Laborer) Railroad Baltimore, Maryland
Mother's Malden Name U. S. A. 13. FATHER'S NAME Wilson Jones Jennie Moody ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) | (Ifyes give wer or deles of service) 705-12**-546**2 Fort Howard Division 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (e) ANTEROLATERAL MYOCARDIAL INFARCTION 2 HOURS DUE TO CORONARY SCLEROSIS UNKNOWN gave rise to immediate cause DUE TO (e), steting the underlying PULMONARY EDEMA 2 HOURS PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? Arteriolar nephrosclerosis. Left ventricular hypertrophy. NO 200. ACC.DENT WAS UNDERLYING UNDERLYING CONTRIBUTING CAUSE OF DEATH , 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Iem 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED | 2De PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that () (this hospital) attended the deceased from January 14 162 16 February 8, 162, that (1) (we) last , and that death occurred at A. ...M, from the causes and on the date stated above. February 8 1962 saw the deceased alive on 22b. DATE 22a. SIGNATURE **ATTENDING** SIGNED DIRECTOR 62 22c. PHYSICHAN'S **ADDRESS** SEBASTIAN RUSSO, M.D. VAH, BALTIMORE 18, MD., FORT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY death.

TO FU 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123d, LOCATION (City, lown or county) Baltimore National Cemetery Baltimore 28, Maryland ADDRESS 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Druid Hill Ave., Balto, Md. DATFER 1.3 '62_

e 1 1 4 -

Chair that it is the total the state of

IT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where decresed lived, If institution: Residence before admiss on) e. COUNTY b. COUNTY by the Baltimore MARYLAND Maryland b. CITY OR TOWN (if pulside corporete timits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest town write RURAL end give neerest town 6 mo. 28 da. Baltimore 13 Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO T papers. n 72 hou Rosewood State Training School Llewellvn Avenue completely 3. NAME OF DECEASED OF (Typa or print) DEATH Bell JONES Mattie and cor carbon nt, withi 6. COLOR OR RACE 17, MARRIED NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Davs Hours DIVORCED WIDOWED Remale Negro геттоме 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUS NESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fora an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Blackstock, South Carolina Dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lottie Mae Jones - Jones James Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17 INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) Rosewood Records Owings, Mills, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Aspiration pneumonitis hour IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation, Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying enuse last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART A(B) 19. WAS AUTOPSY PERFORMED? Spastic quadriplegia with athetosis and symptomatic eplipsy epilepsy
20a ACCDENT WAS UNDERLYING [] 20b. DESCRIBE HOW NJURY OCCURED, (Enter netura of injury in Pent 1 or Part II of Hom 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) NO Y 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., atc.) While Not While Hour a.m. a! work af work 19 61 to2/25......, 19.62, that (+) (we) last saw the deceased alive on 2/251962..., and that death occured at 3:50, Portilishe causes and on the date stated above. 22ª SIGNATURE OR ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYS.CIAN'S NAME (TYE Rosewood Lane, Owings Mills, Md. Harry G. Butler. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b (Stete) REMOVAL (Specify) 01 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURI VR A15 (4) 15M 9/60 M. Flenden

property of the court of the only of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 01619 PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) COUNTY **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate) LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town) write RURAL and give neerest town) Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? 810 West Lombard St. YES NO VE 3. NAME OF Middle Month DECEASED OF (Typa or print) DEATH Charles (Kamzemer Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours | IF UNDER TYEAR) IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED TO DIVORCED [May 10, 1890 male white 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired tailor Lithuania Lithumia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Kaminski Rosalie Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyesgivewarordalesofservice) 217-01-9031 Records: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Menoscarotic Cordiovoscukor Deserge PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Asteriosclerosis, generalized. gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? I NO YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Slale) factory, street, office bldg., etc.) Not While Hour a.m. al work at work 22b. DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS, 22d. ADDRESS 22¢. PHYSICIAN'S RICARDO IBANEZ GROVE STAJE Catons ville 28 ... Mary land 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) 08029 Baltimore, Maryland Burial Holy Reddemer Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE YR A15 (4) " inner & Thomas Howard H. Hubbard 4107 Wilkens Avenue #29 162 15M 9/60 DATE FER 5

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. 11602 il director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) B d NAME OF HOSPITAL (If not in hospital, give street oddress)
O9 INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? executed within 24 hours YES NO NAME OF DECEASED First DATE Middle Lost Yan filled OF DEATH Poges [Type or print] PTHA 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS completely 7. MARRIED NEVER MARRIED 9. AGE (In years lost-birthdoy) Months Doys WIDOWED, DIVORCED [popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) M. BIRTIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ath puo 13. FATHER'S NAME INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) attending p CAUSE OF DEATH | Enter only one cause pepyline for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gned gave rise to immediate DUE TO couse (a), stating the underlying cause lost. **burial-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) Dov. Year (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not white at work ot work 21. I certify that I attended the deceased from 1962 that I lost sow the deceased and that death occurred at 30 1 M. from the causes and an the date stated above. alive on OR: **ACTUAL** SIGNATURE O FUNERAL DIN PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) EMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATURE** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cikhun & House 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if 'nstitution: Residence before admission) a. COUNTY b. COUNTY Md. Baltimore MARYLAND b. CITY OR TOWN (if outside corporate I mits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Summit Nursing Home, Smithwood & Summit 421 S. Vincent Street YES NO THE 3. NAME OF Middle 4. DATE Morth DECEASED Henrietta Έ. Keith February 16, (Type or print) DEATH 19 62 6. COLOR OR RACE T. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR | IF JNDER 24 HRS. lest birthdey) WIDOWED XX DIVORCED | famale white Dec. 9, 1886 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) sewing mach, operator U. S. A. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ne attending t Then please novel, and in Julius Eckart Emma Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewarordetesofsarvice) Edna M. Heffter, 2204 Pleasant Dr. 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) l'articolerons DUF TO Conditions, if env. which geve rise to immediate ceuse (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116/1 19. WAS AUTOPSY PERFORMED? NO 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. and that death occured at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d ADDRESS MAME (Type) Justin Kudirka, M. D. 2151 Wilkens Avenue #23 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2/19/62 Baltimore 29, Maryland Burial Loudon Park Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRES5 VR A15 (4) Onthur S. Thous Howard H. Hubbard, 4107 Wilkens Avenue, #29 15M 9/60

0

RYLAND STATE DEPARTMENT OF HEALTH



The state of the s		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	74
8 A	240 10	01622 CERTIFICATE OF DEATH	2
affe affe	-	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence buttered)	Amission)
rrs a	M	e. COUNTY Baltimore MARYLAND B. STATE Maryland b. COUNTY	
of the		b. CITY OR TOWN (if outside corporate l'mits, write RURAL end give neerest town write RURAL end give neerest fown)	1)
24 F		Fort Howard 12 Days Baltimore	
ithir s age s	30		S.DENCE
d w		- A DATTED DIE TOUR HODDE OF A DATTED DOLEGE	NO
cute plete aper 72		DECEASED	
exe com com p p		(Type or print) GEORGE W. KESS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in yaars if under 1 year if under 2) 9. AGE (in yaars if under 1 year if under 3)	
and arbx		Male Colored WIDOWED DIVORCED 8/29/96 lest birthdey Months Days Hours	M n.
cate ian a ve c		e. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACF (County & State or fore on county) 1.12, CITIZEN OF WHAT CO	DUNTRY?
ysici emo		Chauffeur Chemical Company Anne Arundel Co. Md. U.S.A.	
h ce liser		. FATHER'S NAME	-
death ding pleas	IX	Alexander Kess Annie Boone	
the hen al, a		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes VII T 212-01-5140 Clin-Rec.VAH. Balto 18. Md-Ft. Howard Divisi	
hat the the mov		Yes WW I 212-01-5140 Clin.Rec.VAH, Balto 18, Md.Ft.Howard Divisi	
res fician by ermi		PART I, DEATH WAS CAUSED BY:	EATH
sit p		IMMEDIATE CAUSE (6) CONGESTIVE HEART FAILURE 2-3 WE	TUD_
w ra		Conditions, if eny, which) (b) ARTERTOSCIEROTTC HEART DISEASE	C
endi beer beer crea		gove rise to immediate cause (a), stelling the underlying DUE TO	
r aff has has e bu		ceusa lest. (c)	
LAN al ole sate o bu	U	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ACTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS ACTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS ACTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19.	RMED?
STC SSpit SSpit SSpit Spit Solution		The state of the s	40 XX
HY is ce for u		20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER]	
eath #			Stala)
Affr Affr etact of H		Hour a.m. While fectory, streat, office bldg., etc.)	
ENI Se d		21. I certify that // (this hospital) attended the deceased from	we) last
CC Se		saw the deceased alive on Feb. 17. 1962, and that death occured at M, from the causes and on the date stated	above.
Shou Shou			DATE
H 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1/ iffecti ct / M.D. PHYS. DIRECTOR PHYS. X 2/17/	62_
Pag With	i	22c. PHYSICIAN S NAME (Type) TAX TO THE TAX	_
HOSPIT Feeth Page Street, page Siled with the street stree	,	M. LAWRENCE RUBIN, M.D. VAH, BALTO 18, MD. FT. HOWARD DIVISION BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or county) (Step 1)	
deatl direct		REMOVAL (Specify) 2/21/62 Dattiment Manager	
다 다 다 다 스		ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
15M 9/60		Marshall P. Hayes Baltimore, Maryland DAIFEB 1 9'62 Culling S. Thomas	

MARYLAND STATE DEPARTMENT OF HEALTH

1912 relate to Separe

W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decresed lived, If institution; Residence balora admission) Baltimore b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporeta I m ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town write RURAL and give neerest town) Towson, 4, Towson, Md. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1306 1306 Gateshead Road Gateshead YES NO T 3. NAME OF M ddle Month Day Year DECEASED OF (Type or print) LOUISE DEATH 62 ALTCE 19 5. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** 85 yrs. Months Days Hours F 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or foreign country) done during most of working life, even if retirad HOUSEWIIE U.S.A. Maryland 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME David F. Haynes Elizabeth Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Towson,4 Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs.Wm.H.Keidel, 1306 Gateshead Rd. No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) CLEROTIC HEARTD ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b) gave rise to immedieta causa DUE TO (e), stelling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b/ DESCRIBE HOW, INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) WEDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour a.m 19 D.M. attended the deceased from 900 to 190 196 Ithat (1) (we) last (this-bospulal) and that death occured at A, from the causes and on the date stated above. saw the deceased 22a, SIGNATURE ATTENDING DIRECTOR PHYS M.D. 22d **ADDRESS** 22c. PHYSICIAN'S 1 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION. CREMATORY (Stata) REMOVAL (Specify) Greenmount Cremati ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Cook-Towsn, Inc. 1050 York Rd. DATE FFR 2 3 '62

within

HOSPITA

0

VR A15 (4)

15M 9/60

be executed nd completely

and



		MARYLAND STATE DEPARTMENT OF HEALTH	
	-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO 01624 CERTIFICATE OF DEATH	0160'7
(1)	Л	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived) e. COUNTY	
6	7	Baltimore County b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give necrest town)	DUNTY <u>Baltimore</u> , County write RURAL and give nearest town)
V	-	d. NAMP OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	4. IS RESIDENCE ON A FARM?
		LONG GREN 3. NAME OF LONG Green Rd 4. DATE MORECEASED M.ddle Long Green Rd 4. DATE MORECEASED	Onth Day Year
	-		uary 22, 19 62
		last birthdo	14(5))((1)
		Male White WIDOWED DIVORCED Aug. 7, 1887 74 yr 10s. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY II. B RTHPLACE (County & State or foreign cound during most of working life, even if retired)	Inv) 12. CITIZEN OF WHAT COUNTRY?
	- [
_		Retired - Farmer Balto. County, Md.	
		John Virk Charlotte Smith	
		John Kirk Charlotte Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Add [Yes, no, or unknown] [Iliyesgivewarordelesofservice]	fress
		219 32 666h Mma R G Kink - Long G	een Rd. Glen Arm, Mg
		18. CAUSE OF DEATH [Enter only one ceuse per I ne for (e), (b), end (c) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (e) Coroning and Chronical	
		DUE TO COLOR	
		Conditions, if any, which geva rise to immediate causa	
		(a), stating the underlying DUE TO	
		101	GIVEN IN PART 1(a) 19. WAS AUTOPSY
(7	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 2Do ACC DENT WAS UNDERLY NG 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH III FITHER. NOTIFY MEDICAL EXAMINER!	YES NO 1
		2De ACC DENT WAS UNDERLY NG [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury 'n Pert I of Item 18)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour a.m. While factory, streat, office bldg., etc.)	(County) (State)
		Hour a.m. While lactory, streat, office bidg., etc.]	
			196.2 That (I) (we) last
		saw the deceased alive on	
		220. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNED
		22c, PHYSICIAN'S 22d ADDRESS 22d ADDRESS	
		NAME (Type)	rd Balta I. Wa
	1	Gordon Grau, M.D. 8523 Loch Raven Bl.	
5		REMOVAL (Specify) Burial 2/28/62 Mt. Olive Cemetery Randallsto	own. Md.
35		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2 250. REC'D BY REGISTRAR 2Sb.	
1	8	The of the country of the country DATE FEB 2 6 '62	Consint S. France





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4 15M 9/58

after death. Page

law requires that the death certificate be executed within 24 haurs



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, ALARYL MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institution: Ras dence before admission) a. COUNTY necessary, Ictor, Page files. Health, **b.** COUNTY altimore MARYLAND b. CITY OR TOWN (f outside corporate limits, e LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporata limits, writa RURAL and give nearest fown) write RURAL and give nearest town) 0 altimore vears Board e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? S.47th 'treet 5,47th Street the State E funer, YES NO A 3. NAME OF M ddle DATE Forst Month DECEASED OF Anthon" Kulakowski the David 19 02 (Typa or print) DEATH B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED last birthday) Months WIDOWED F DIVORCED [10s. USUAL OCCUPATION (Give kind of work 110b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE , State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? repair man ethlakem Lteal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3 unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknwn) ((Ifyasgive war ordates of service) nna Fulako ski 541 18. CAUSE OF DEATH [Feter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause 10 DUE TO (e), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTORSY PERFORMED? 2 NO 20b DESCRIBE HOW INTRY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. m 5 (County) Month, Day Year | 20d. INJURY OCCURNED: 20e. PLACE OF NAURY (Home, farm, 20f. (City or town) (Stata) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While Hour a.m. st work at work 21. I certify that I took charge of the remains described above, held an Autopsy 📗 Inspection 🚨 Inquiry and in my opinion 0 DIRECT Suicide Accident Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for FUNERAL designate DEPUTY MEDICAL EXAMINER 1 TO DEPUT EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) *altimore. <u>5</u>40 p Cak Lieun 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME. 5M 9:60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY Baltimor e MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If autside corporete I mets, write RURAL and give neerest town c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 9yr6mth2hdys Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2118 Boundary Avenue GROVE HOSPITAL YES NO 3. NAME OF First Year M.ddle 4. DATE Month Day DECEASED OF Lancaster James (Type or print) DEATH February 1962 Ó . 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BRTH قِي lest birthdey) Months Days male an de WIDOWED IX DIVORCED ician 10e. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY IS BIRTHPLACE 1 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic Maryland unimown a attending pl Then please a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) (If yes give wer or detes of service) unknown Records : SPRING GROVE STATE INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ۾ ONSET AND DEATH g physici≀ signed by PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) burial-transit **DUE TO** Arteric clerosis, generalized and severe Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. te ha the buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 80 NO X 20e. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or fown) (County) Month, Day, Year fectory, street, office bldg., etc.) Hour e.m. While Not While at work et work p.m. 1952, to red. 21. I certify that (14 (this hospital) attended the deceased from. July ... Feb. saw the deceased alive on... , and that death occured at... M., from the causes and on the date stated above. DIRE 22b. DATE SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S STA E Stella Wachsler. M. D. NAME (Type) 28, Maryland Catonsville 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) n(State) 23a. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Specify) 0 5 3 254 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24/FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Contra S. Hrand 15M 9/60

hours after

24

law requires that the death

?



, 1	MARYLAND STATE D	EPARTMENT OF HEALTH	A DATE A DES
FOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS	6, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
FOR STATE	13 629 MEDICAL EXAMINER'S	THE CHAPT DEATH	01612
HEALTH DEPT.	COUNTY	2. USUAL RESIDENCE (Whole deceased fived, If Institution, Re	sidence before admission)
in Signature	Baltimore County MARYLAND	Maryland	Bal timore
NA PERS	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest fown)
e to a d	MAR WOODLAWN 245	× Pikesville, Maryland	
1 2 2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 12 LINGEN TErr	15 RESIDENCE
\$ 5 8 5 X	Dogwood Road.	4-636 Reisterstown Rd.	YES NO
Brain Sta	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month OF	Day Yeer
1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	(Type or print) Roy Allen		13 1962
TO A TA	5. SEX 6. COLOR OR RACE 7. MARRIED TONEVER MARRIED 8.	DATE OF BIRTH 1940 9. AGE (In years IF UNDER 1 Y Months D.	YEAR IF UNDER 24 HRS.
and and ma	male white whower to divorced	3-20 +1194/1 21 yrs. MORINS	eys riours Min.
affe , 2, , 2, sind 2 h	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR' done during post of working life, even if refired)	12. CITIZ	EN OF WHAT COUNTRY?
Page 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Chauchen Jumber Co	BALTUNAVE	1,5.A.
A Page 1. Beg	13. MATHER'S HAME	14. MOTHER'S MAIDEN NAME	
55267	John War 1-51/3	HAZELEVELYN SA	IPE
E C E C E	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I. (You, no. or unknown) (If yas giva war or dates of service)	INFORMANT Address	7
A SE SE SE	no no tr	ANCES ELIZABETH PEREGO	4
cute to the	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		ONSET AND DEATH
exe in lin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing inju	ry to skull with severe	
De no	DUE TO Cranio-cereby	ral damage	
over in g	Conditions, if any, which (b)		
12 12 12 12 12 12 12 12 12 12 12 12 12 1	geve rise to Immediate cause (a), stating the underlying DUE TO		
de e	cause last. (c)		
"pertiffication, pertiffication, pertiffication, pertification, pertification, pertification, pertiffication, pertification, per	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
is conditions and in the same	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO
F. Selection	\$ 20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, IE	Enter nature of Injury in Part I or Part II of item 18.) after drifting back and overt	יים היים ביים נו
TER S S S S S S S S S S S S S S S S S S S	Over 8	side of 5 ft. Wall	MI Is will Es
ATT FILE OF U	O total	ACE OF INJURY (Home, farm, 20t. (City or town) (Countlery, street, office bldg., etc.)	ty) (Stata)
X.A.I.	IN THE PROPERTY OF THE PROPERT		to. Md.
M 45 CO C	21. I certify that I took charge of the remains described above, he	ld an Autopsy Inspection 💢 Inquiry 😿.	and in my opinion
A TE BOY E	death resulted from. Natural causes	ide 🔲. Homicide 🔲, Undetermined manner 🔲	
DIO Naro	Charte.	CHIEF MEDICAL EXAMINER	
5 5 7 5 C D D	SIGNATURE () THE WHEEK		DATE SIGNED
executed be in the interest of	DWE BETSIDS 18	DEPUTY MEDICAL EXAMINER	
DE SES	Name (Type) Audiger Breitenecker, M. D.	Address (Street, city, town, or county) February	14, 1962
S S S S S S S S S S S S S S S S S S S	720. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, or country)	(State)
5 ₂ 45 ₂ (Purial 1-16 6 FIEIGIBE	M NEM TINKSburg.	Mes
VS. A15ME	23. EUNERAL DIRECTOR ADDRESS - 10	346. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
5M 9/60 3	Small Al June Timeson	C / XIG DATE EB 1 6 '62 CLAT' A & +	UACCE TO THE PARTY OF THE PARTY



STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreed lived, if Institution, Residence before admission) e. COUNTY b. COUNTY Z the that and 2 , sath. MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 15 c. City OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) e. IS RESIDENCE ON A FARM? mpletely NAME OF OF (Type or print) DEATH 19600 AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS . 7. MARRIED TO lest b'rthdey) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) 13. FATHER'S NAME nding pl please i and in a 14. MOTHER'S MAIDEN NAME Then F (Yes, no, or unkown) (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) [INTERVAL BETWEEN ONSET, AND DEATH PART I, DEATH WAS CAUSED BY: 6 WEEKS IMMEDIATE CAUSE (e) Conditions, if any, which gaye rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 1 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING LI OR CONTRIBUTING CAUSE, OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18. CERTIFI 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, ferm, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Not White Hour e.m. While et work el work 21. I certify that (I) (this hospital) attended the deceased from...... April 196.7 and that death occured at A.M. A, from the causes and on the date stated above. ATTENDING 22e. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D 22c. PHYSICIAN'S 22d. ADDRESS TO FUNER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote) 228, BURIAL, CREMATION, | 23b. DATE 250. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cilling S. House 15M 9/60



1.1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND? 4. 4		
	CENTIFICATE OF BEATH		
neral			
s af	a. COUNTY D. STATE		
j tal	Baltimore Maryland Maryland Baltimore b. CHY OR TOWN (if outs de corporate timits, c. LENGTH OF STAY IN 1b c. CHY OR TOWN (if outs de corporate timits, write RURAL end give nearest town)		
7 2 3	write RURAL end give neerest fown)		
.5 3 th	Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS lead of the street o		
E SI	109 Midhurst Road #12 ON A FARM?		
bely sis.	3. NAME OF First Middle Last 4. DATE Month Dey Year		
pole of 72	(Type or print) Lula Taylor Loweree DEATH February 25 19 62		
exe con on lithin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
and and carb	Female White WIDOWED DIVORCED 1-15-1910 June 1 Months Deys Hours Min.		
cate ian ian ive	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
artifi ysic emo ny e	Housewife Westminster, Md. USA		
h cg ph is a r	13. FATHER'S NAME		
T plea	Ross E. Taylor Annie M. Schaefer		
he alfen	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) [(Ifyes give wer or deles of service)]		
he a TI	No Mr. Francis H. Loweree, Sr109 Midhurst Road		
es the	18. CRUSE OF DEATH [Entar only one cause per fine for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH		
t per t	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CINCINOMIC of Breust		
v resignation	DUE TO		
ndin ndin een een al-tr	Conditions, if any, which (b) gove rise to immediate cause		
The affer as bound al, c	(a), steting the underlying DUE TO		
the h	COUNTY OF THE CO		
CITAL Distriction of the control of	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? YES NO YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF THE TEXMINAL DISEASE CONDITION GIVEN IN PART II. OR CONTRIBUTING CAUSE OF THE TEXMINAL DISEASE CONDITION GIVEN IN THE TEXMINAL DISEASE CONDITION GIVEN		
r use	200. ACCIDENT WAS UNDERLY NG [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.)		
# PER			
The Hear	20c. TME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., City or town) (County) (Stata) Hour a.m. While Not While State of		
All	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work et work ,		
TE De Personal de	21. I certify that (I) (this hospital) attended the deceased from 12.2/45, 19, to 2/25.7/22 19, that (I) (we) last		
AT Page 1	saw the deceased alive on 2/23/6.2.19, and that death occurred at 1.1.M, from the causes and on the date stated above		
Shorts Shorts	226. SIGNATURE CALL ATTENDING MED. STAFF 221/ DATE		
# # # # # # # # # # # # # # # # # # #	22c. PHYSICIAN'S DUNCIN N FLUC M.D. PHYS. DIRECTOR		
ERAD page with 1	NAME (Typa) Francis W. Gluck		
S Z Z v	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Crty, town or county) (Stete)		
death. O FU	REMOVAL (Specify) Rurial 2-28-62 Druid Ridge Cemetery Pkesville, Maryland		
YR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS . 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
15M 9/60	Wm 9 tinknes a have Cottomore 17 Med DATE MAR 1 '62 arolling & thouse		
14			



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 01632 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY b. COUNTY Pennsylvania Baltimore Philadelphia MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Philadelphia Fort Howard 2 Days e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO W Veterans Administration Hospital 1311 North Laurence Street DATE DECEASED DEATH (Type or print) 62 February MARKUN WHITOTH AGE (In years HE UNDER I YEAR) IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH lest birthday) Months WIDOWED D VORCED [12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Postal done during most of working life, even if relired) Civil Service Lithuania U. S. A. Dispatcher Dept 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Matthew Markun Julia Tuikor and INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 inical Records VAH. Baltimore 18, Maryland (Yes, no, or unkown) | [Ifyesgive-werordatesofservice] Yes HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 DAYS MASSIVE POSTEROLATERAL MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO LEFT CORONARY ATHEROMATOUS OCCLUSION Conditions, if any, which gave rise to Immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY CERTIFICATION PERFORMED? HEMOPERICARDIUM DUE TO RUPTURE OF MYOCARDIUM NO T 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work et work 21. I certify that (*) (this hospital) attended the deceased from Feb. 18 162, to Feb. 20, 1962, that (15 (we) last saw the deceased alive on Feb. DIREC 22b. DATE 22a SIGNATURE ATTENDING 62 DIRECTOR PHYS. PHYS. 22d. ADDRESS page 22c. PHYSICIAN'S FUNERA NAME (Type) VAH BALTO 18 MD FT SEBASTIAN RUSSO. ector, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) 23e, BUR AL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Beverly National Cemetery Beverly. New Jersey S. Removal **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook-Blight, Inc., 6009 Harford Rd., Balto. 14, MPATE FEB 2 6 '62 MM 9/60 Shipped to: W.C. Snover Funeral Home, 478 Cooper St. Beverly, N.J.

RYLAND STATE DEPARTMENT OF HEALTH



. =-	A		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01616
24 hours after hoy the funeral and 2 should render death.	U		PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institut on: Residence before edmission Baltimore MARYLAND A. STATE Maryland Maryland
	\widehat{M}		b. C.TY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) Fort Howard c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) Baltimore
ely fr	50	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street eddress Veterans Administration Hospital 1220 Linden Avenue A. IS RESIDENCE ON A FARM! YES NO NO NO NO NO NO NO N
omplete paper in 72			NAME OF DECEASED Corporation Control of Decease Deceas
te be e n and co n carbor ant, with			SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Male White Widowed Months Days Hours Min. 9. AGE (In years F UNDER 1 YEAR IF JNDER 24 HRS) White Whom Months Days Hours Min.
h certificat g physician se remove in any eve		do	USUAL OCCUPATION (Give Aind of work ne during most of working I to. even f retried) Elevator Operator FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY Baltimore, Maryland U.S.A.
the death attending p Then please wal, and in	I	15. {Ye	John Maton WAS DECEASED EVER IN U S. ARMED FORCES? WAS DECEASED EVER IN U S. ARMED FORCES? Sino, or unknown) (Hyessyrowarordetesofservice) P17-14-5545 Clin.Rec. VAH, Balto. Md Ft. Howard Div.
The law requires the aftending physician. as been signed by th burial-transit permit. al, cremation, or rem			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO Conditions, if eny, which geve rise to immediate ceuse [e), stelling the underlying DUE TO Cause lest.
IDING PHYSICIAN: ined by the hospital or all. After this certificate has detached for use as the book of Health prior to burial.	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PNEUMONIA 20e. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (if Either neture of injury in Pert I or Pert III of Item 18)
		MEDICAL CE	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, ' 20f (City or town) (County) (Stete) 4 work 19 et work at work 19
Tay be retained by the State Dept			21. I certify that (f) (this hospital) attended the deceased from February 9, 1962 to February 22/962, that (X) (we) last saw the deceased alive on February 22, 1962, and that death occurred at 10PM on the causes and on the date stated above 22a. SIGNATURE ATTENDING MED. STAFF PHYS. ATTENDING PHYS. DIRECTOR PHYS. 2/23/62
DSPITA D. Page UNERA for, page	1	030	22c. PHYSICIAN'S NAME (Type) IRVING FREEMAN, M. D. 22d ADDRESS VAH. BALTO. MD. FT HOWARD DIV BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State)
TO FILL DIEGO PER FILL	0	BU.	RIAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS AME OF CEMETER OF CEME
¥R A15 (4) ■M 9/60	Sign	I	eo G. Cook Funeral Home, 1700 N. Patterson Park Ave. FEB 2 7 '62
	7		Baltimore, Md.



1		MARYLAND STATE DEPARTMENT OF HEALTH			
			DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
5 F2 T	X		01634 em o i em visuo	E OF DEATH	01617
i july	971		LACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If 'nst	itution: Rasidanca bafora admission)
to the	ノ¨	ļ	BALTIMORE CO. MARYLAND	MARYLAND	BALTIMORE
by gand			CITY OR TOWN (.f outside corporata limits, c. LENGTH OF STAY IN 1 write RURAL and give nearest town)		JRAL and giva neerast town)
es 1	Later .		TOWSON NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address)	d, STREET ADDRESS	1 e. IS RESIDENCE
Fag urs a			930 DULANEY VALLEY ROAD	930 DULANEY VALLEY ROAD	ON A FARM?
ed rely ers.			First Middle	Last 4. DATE Month	Day Year
acut pap			eceased ypa of print) HATTIE COMPTON MAX	WELL OF DEATH EEBRAUAF	RY 26 1962
con con ithin		5.		8. DATE OF BIRTH 9 A years IF	UNDER 1 YEAR IF UNDER 24 HRS.
and and carb			MALE WHITE WIDOWED DIVORCED	MARCH 28, 1883 7079 yrs.	onths Days Hours Min.
icat cian ove ever		1Da doi	USUAL OCCUPATION (Give kind of work aduring most of working life, even if refired)	STRY 11. BIRTHPLACE (County & State or lore'gn country)	12. CITIZEN OF WHAT COUNTRY?
hysi rem any			OUSEWIFE OWN HOME	VIRGINIA	USA
off co	T		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
dea indin			BUSHROD THOMAS MADDOX WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	LUCY WEAKLEY	
the atte Then val,		(Ye	no, or unkown) (Ifyasgivawarozdatasofservica)		
that The the if.		- 1	NO NONE NO 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).	FAMILY RECORDS	I INTERVAL BETWEEN
icial icial by erm		П	PART I. DEATH WAS CAUSED BY: CORUNARY ARE	TERY OCCLUSION	ONSET AND DEATH
equi phys gned sit p					
n signation			Conditions, if any, which) ARTERIOSCLEROTIC	CARDIO VASCULARE IDISI	648
he the bee			gava risa to immadiata causa (a), stating tha underlying DUE TO	h.#	
rath has has e bu			causa last. (c)		
IAN al o sate o bu		NO.	PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT		IN PART (a) 19. WAS AUTOPSY PERFORMED?
SIC Sepit		ICAI	7,50	OFFICATION OCT. 12,1961	YES NO
HY le he lor u		CERTIFICA	10a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MED CAL EXAMINER! SLIPOED WHILE	RED. (Enter nature of injury in Part I or Part II of item 18.)	DAN ON A CHAN
P T T T T T T T T T T T T T T T T T T T		1 "		PLACE OF INJURY (Homa, farm, 2Df. (City or town)	(County) (State)
Affe Affe Stack		MEDICAL	Hour a.m. While Not While	factory, street, office bldg., atc.); BALTO.	Md.
ENI PR: e de		~	21. I certify that (I) (this hospite!) ptended the deceased fro		. 1962 that (1) (-) last
CIN SECTION				hat death occured and M, from the causes an	
Should State			22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
The Care			1. C. Swuste	M.D. PHYS. DIRECTOR PHYS.	
RA Saga	- 1		PHYSICIAN'S NAME (Typa) T. C. Siwinski, M.D.	22d. ADDRESS	Morros I Wa
HOSPI sith. Pa FUNE ector, p		_		206 W. Pennsylvania Avent	
- 2 - a		238	BURIAL, CREMATION, 23b. DATE THERFOF 23c. NAME OF CEMETER (MOVAL (Specify) 3/1/62 PARKWODD CEM		
H H	5	24	MINERAL DIRECTOR'S SYGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
VR A15 (4) 15M 9/60	· Ms		ohn Duna Jono Jow	The M. DATMAR 2'62 C	un S. Thomas
	7.	1-4			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4

1 -	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	1, MARYLAND 01619
s funeral	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Ins. a. STATE Alaryland b. COUNTY	
and and the death	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY N 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Glen Ann	
s. Hours aff	d. NAME OF HOSPITAL OR INSTITUT ON 11 not in hospite, give street address] d. STREET ADDRESS 118 Manor Road 3. NAME OF HOSPITAL OR INSTITUT ON 11 not in hospite, give street address] d. STREET ADDRESS 4. DATE Month	ON A FARMI YES NO
completel	(Type or print) 11hrs. Marie Mc Naney DEATH Febr	uary 13 19 62 UNDERTYEAR OF UNDER 24 HRS.
sian and ove carbo event,	female white WIDOWED DIVORCED Dec. 22, 1886 last birthdey) No. 108. USUAL OCCUPATION (G. v. k.nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
physia ase remo in any e	Housewife 13. FATHER'S NAME Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	UL S.A.
affe∎din Ihen plee val, and	John Jash 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ilyes give war or deless of service) Address (Yes, no, or unknown) (Ilyes give war or deless of service)	Manor Rd.
l by th∎	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BY: (C) refer of baseline formulate cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
has been signed e burial-transit p rial, cremation,	Conditions, if any, which (b) /ty parterse a Cen do Vascala Descar gava rise to immediate cause (a), stating the underlying DUE TO cause test. (c)	10 tys-
rifficate se as th or to bu	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	(IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
od for u	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part For Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Z 0c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, ; 20f. (City or lown)	(County) (State)
H. of He	Hour a.m. p.m. While Not While fectory, street, office bldg., etc.) et work et work	
RECTO ould be late Deg	saw the deceased alive on 2/12 19 62 and that death occurred at 6 M, from the causes are	, 19, 2that (1) (wa) land on the date stated above
ERA DIE	22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) ATTENDING PHYS. 22d. ADDRESS 11(12) TOPPO'S PHYS.	1- Towar
director,	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, lown REMOVAL (Specify) 2/17/62 St. John's (cm. Long Gree	n, Maryland
R A15 (4) 5M 9 60	Leonard J. Ruck Inc 5305 Harford Road Date FEB 20'62 and	STRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, if institution; Reside > before admission) . SOUNTY b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Park Ave 1409 Forest YES NO 3. NAME OF Middle DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED I 12, CITIZEN OF WHAT COUNTRY? Unknown longue 4. Melder, 108 J. GilMore 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), DUE TO (b) geve rise to immediate cause **DUE TO** (a), stelling the underlying 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury In Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ; 20f, (City or lown) 2Dc. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., etc.) _Not While White at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes Accident , Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL mond Address (Street, city, town, or county) 101 DICMWCOG' [228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cliy, lown, or country) Lorraine Park Maasoleum Woodlawn Md. 40 Entombment 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Witzke, 4101 Edmondson Ave. DATE FEB 2 1 '62 5M 7/59



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
6.2 ¢	**	01638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 041621			
should by		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)			
Buller Hight		o. COUNTY Baltimore MARYLAND b. COUNTY BALTIMORE			
Sory, Poge	193	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)			
r. P.	<u> </u>	CAPE MAY BEECH			
er for	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 426 Katherine Avenue 426 Katherine Avenue 426 Katherine Avenue			
Paris P		2 NAME OS			
neral your		NAME OF DECEASED (Type or print) FRANCES J. MIDDLETON DEATH FEB. 28, 1962 19			
of for for se re		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR			
3 to the		F. W. WIDOWED X DIVORCED DEC. 27, 1884 Orr Months Days Hours Min.			
		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
offer d 2, and 2, ond be re	1	HOUSEWIFE AT HOME BALTIMORE MARYLAND U.S.A.			
1, 2, moy		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OF THE PARTY			
24 hour Poges oge 5 r		PHILLIP PROPF. CATHERINE SCHLIMM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
Give Pogram Pogr		NO LIBS MARIE SCHILLICK 441 S. ROBINSON ST.			
M3.		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), /			
rted rm 18		PART I. DEATH WAS CAUSED BY: A-S-C-V-DISE AS Q-ONSET AND DEATH			
exec ller ih fo		DUE TO			
g wi		Conditions, if any, which gove rise to immediate couse			
pen pen ofon buri		(o), stoting the underlying DUE TO			
fe sh Fice os a	1				
ding sed	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO PERFORMED?			
pen ner		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT			
word word ! Exami					
Service Servic		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not while of work of work of work			
Aed.coge					
EX Parities R. P.		deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined cause .			
of Ch		The state of the s			
Medica iffsate, i.he o		ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER D			
	2	EXAMINER'S M 3 D 11-11 ASSISTANT MEDICAL EXAMINER D			
DEPUTY orwards prwards FUNERA	- Nath	NAME (Type) //// DEPUTY MEDICAL EXAMINER D			
forward of Ferminal Party of The Party of Th		PATEMENT OR CREMATION, 12%. DATE THEREOF PATEMENT OR CREMATORY 22d. LOCATION (City, lown, of county) (Stole) BURIAL 3/2/62 BATTMORE NATIONAL CHMETERY BATTLMORE MD			
	~,	BURIAL 3/2/62 BALTIMORE NATIONAL CHMETERY BALTIMORE MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE			
VS. A15ME(5) 5M 9/55	Kry	HENRY SANDER & SONS INC. DATE MAR 5'62			
2111 17 20	V	BALTIMORE MARYLAND.			



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY (Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete lim'ts, write RURAL end give neerest town) write RURAL and give nearest town) Fort Howard 19 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO T 3003 Hammonds Ferry Road 3. NAME OF Yeer DECEASED OF (Type or print) T.EO DEATH MILLER 19 62 February 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR ! IF UNDER 24 HRS. lest birthdey) | Months Deys Male WIDOWED [DIVORCED 10e. USUAL OCCUPAT ON IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) physic Watchman (Meat Co Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding George Miller Mary Ziegler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) [(lifyes give war or deles of service) Clinical Records, VAH Baltimore 18. Maryland Howard Division 18. CAUSE OF DEATH [Enter on y one cause per I ne for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARCINOMA, STOMACH, WITH METASTASIS, LEFT TESTICLE UNKNOWN DUE TO Conditions, if eny, which (b) gave risa to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Pulmonary Edema. Terminal Pneumonia. 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of in usy in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) Month, Dey, Yeer 20f. (City or town) (Stelle) factory, street, office bldg., etc.) Not While et work et work 21. I certify that (K (this hospital) attended the deceased from February 18 162, to February 27 19.62 that XX (we) last saw the deceased alive on Rebruary 27.19.62, and that death occured at 1.20 from the causes and on the date stated above. 22a. SIGNATURI ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) SEBASTIAN RUSSO, M.D. VAH BALTO 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (Stata) REMOVAL (Spacify) New Cathedral Cemetery Burial 0 Baltimore, Maryland 24 FUNERAL DIBERTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Cowan & Sons, Hollins & Poppleton, Balto, DATE Outling & House



	MARYLAND STATE DEPARTMENT OF HEALTH			
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
<	Office Certificate Of Death 01623			
s after funeral should	1. PLACE OF DEATH 2. USUAL RESIDENCE, Where decessed lived, I 'nstitution Residence before admission a. COUNTY b. COUNTY	ī		
ath date	Baltimore Maryland Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	~		
24 lan	write RURAL end give nearest lown)			
	d. NAME OF HOSPITAL OR INSTITUT, ON (# not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
iy ki	Villa Maria, Notch Cliff Glenarm, Maryland YES K NO			
uted letely pers. 72 ho	3. NAME OF Frst Middle Last 4. DATE Month Day Year DECEASED OF			
ymp pa pa in 7	(Type or print) Sister Mary Perpetua (Miller) DEATH February 25 19 62	_		
o d co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 1874 9 SE (In years FUNDER 14 HRS. Last birthdey) Months Days Mours Min.	-		
car car	widowed Divorced : March 27, 1878 87 yrs.			
ficat cian ove eve	10s. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY	?		
flysi rem rem any	Teacher Religious. Philadelphia, Pa. United States	_		
0.0	13. FATHER'S NAME			
death nding pleas and ir	Frederick Miller Mary Eck	-18		
e e e e e e e e e e e e e e e e e e e	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (Ifyosgive were released service)			
Tie a	Sister M. Henrica Villa Maria, Glenarm, Md.			
ian.	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I, DEATH WAS CAUSED BY: Company Towards of C			
per per , or	IMMEDIATE CAUSE (e) Coronary Thrombosis	_		
Phrigner igner in the phriginal in the phriding in the phridin the phriding in the phriding in the phriding in the phriding in	DUE TO			
ling an s tra sma	Conditions, if eny, which Generalized Arterio-sclerosis 12 years	_		
he beer beer cria	geve rise to immediate cause (a), stating the underlying DUETO			
has has	couse fest. (c)	10		
AN are are but	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED?			
r to a print	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXMINAL DISEASE CONDITION GIVEN IN PART 11.01 PA			
he hose is cer for us h price	20a. ACC DENT WAS UNDERLY NG [] 20b. DESCRIBE HOW NIJRY OCCURED. (Enformature of injury in Part For Part . of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
Per #				
DIN Ded Aff	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f., Gily or town) (County) (Stele) Hour s.m. p.m. 19 While Not While et work			
O R o o o o o o o o o o o o o o o o o o	21. 1 certify that (I) (this hospital) attended the deceased from. August 19 59 to February 19 62, that (I) (we) la	st		
CTA G S G D G D	saw the deceased alive on Feb. 21	8.		
RE IRE	220. SIGNATURE DE STAFF 22b. DATE SIGNE			
DE O	A MILLIO TO THE SELLY M.D. PHYS. DIRECTOR PHYS. D	_		
B t	22c, PHYSICIAN'S 22d. ADDRESS			
OSPE UNER UNER Hed wi	NAME (Type) Dr. Charles F. O'Donnell 7501 York Road Towson 4, Md.			
E di di	238, BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)			
Pairo de la	Burial 2-27-62. Villa Maria Cem. Notch Cliff nr Towson.Md	•		
VR A15 (4)	ADDRESS SECTION OF DECISION OF			
15M 9/60	charles of Seiler 901 S. Conkling St.	=		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Per Triangle by the hospital or altending physician.

Solution of the property of the hospital or altending physician.

Solution of the plant of the property of the plant of the prior to burial, cremation, or removal, and the event, within 72 hours after death.

24 FUNERAL DIRECTOR'S SIGNATURE

J. F. Eline & Sons

MARYLAND STATE DEPARTMENT OF HEALTH					
DIVISION OF STATISTICAL RESEARCH AND RECORD 1641 CERTIFICA	TE OF DEATH	01624			
1. PLACE OF DEATH) 2. USUAL RESIDENCE (Where deceased lived, if inst	itulion: Residence before edmission)			
Baltimore MERYLEND	e. STATE b. COUNTY	363			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate fimits, write Ri	Md.			
write RURAL and give nearest fown)		JAME and give healest towns			
Towson	X Towson				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?			
8533 Chestnut Oak Road	8533 Chestnut Oak Road	YES NO			
3. NAME OF First Middle Middle	Last , 4. DATE Month	Dey Year			
	onks DEATH Feb	. 10. 19 62			
		UNDER 1 YEAR IF UNDER 24 HRS.			
Powells Inch.		onths Deys Hours Min.			
	Oct. 9, 1885 76 ym.	12 CITIZEN OF WHAT COUNTRY			
done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or lore gn country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife	Maryland	USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Noah Reese	Magadeline Schmidt				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.					
(Yes, no, or unkown) (Hyesgivewerordetesofservice) No None Mr	. Albert Monks Towson, Md				
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	. Albert Monks Towson, Mo	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	·+	ONSET AND DEATH			
IMMEDIATE CAUSE (a) CONTRACTOR	10 mg sections				
DUE TO	(p p	1			
Conditions, if any, which (b)	artirio Se levos				
gave rise to Immediate cause (a), steting the underlying DUE TO					
cause last. (c)					
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN				
PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OR FITHER. NOTIFY MEDICAL EXAMINED!		YES NO			
5 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in Part I or Pert II of Item 18.)				
OR CONTRIBUTING CAUSE OF DEATH	O. (Enter hardre of injury in rain) or Ferr ii of Ferr ii of				
	ACE OF INJURY (Home, farm, † 20f. (City or town)	(County) (Stete)			
Hour e.m. P.m. Yhile Not While st work et work					
21. I certify that (I) (this hospital) attended the deceased from	6/15 1957-10 2/10	, 19, that (I) (we) last			
saw the deceased alive on					
22e SIGNATURE ATTENDING MED. STAFF 22b. DATE					
	PHYS. DIRECTOR PHYS.	1.0100			
22c. PHYSICIAN'S NAME (Type) Gordon Grau, M.D.	8523 Loch Raven Blvd.	Polto l. Md			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, fown	or county) (Stete)			
Burial Feb.13,1962 Wesley Cem	netery Carroll Co	Md.			

25a. REC'D BY REGISTRAR

DATE FER 1 4 '62

256. REGISTRAR'S SIGNATURE

tracket S. Thank

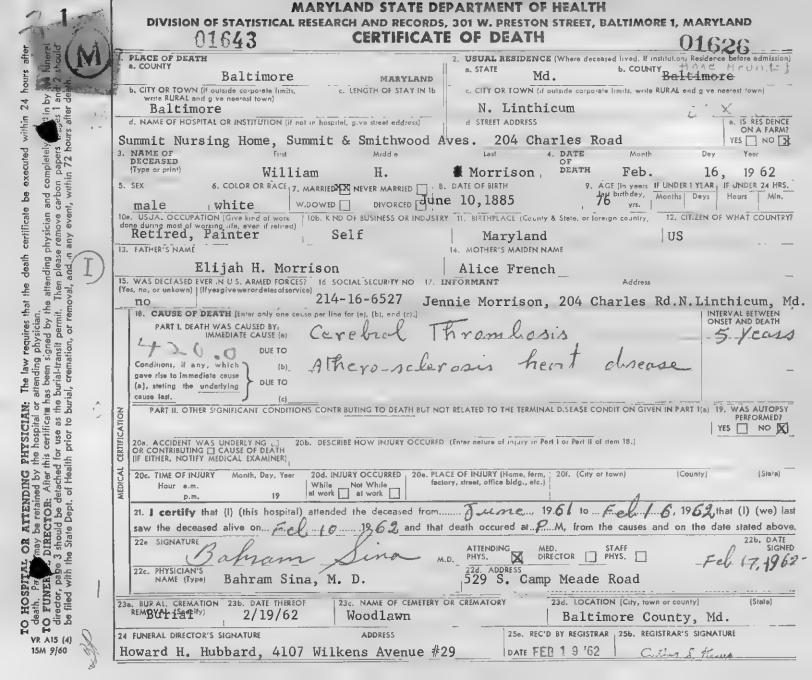
ADDRESS

Reisterstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18







.

RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 01627 01644 USUAL RESIDENCE (Where deceased lived. It institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND after death. b. CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 16 c. CITY OR IQWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest flown) MENIX 10 Ch IX d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION SWEET AIR ROAD HOME YES I NO I 4. DATE NAME OF Middle Month Day DECEASED DEATH (Type or print) 9. AGE (In years last, birthday) 6. COLOR OR RACE DATE OF BIRTH MARRIED NEVER MARRIED Manths WIDOWED TH papers 12. CITIZEN OF WHAT COUNTRY? foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) How se wite 13. FATHER'S NAME JOHN CONRAD BY 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 47 MC CA INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AND ChiONIC DUE TO Canditians, if any, which gave rise to immediate **DUE TO** ARTERIOSCLEROSIS cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f, (City or town) (State) 20d INJURY OCCURRED (Caunty) Day, Year factory, street, affice bldg., etc.) Hour o.m. White Not while at work at work p. m. 21 1 certify that (1) (this hospital) attended the deceased from APQIL 1-5 1962 that (1) (we) last and that death occurred at 7.02-M, from the causes and on the date stated above. saw the deceased alive on SIGNATURE ATTENDING SIGNED MED DIRECTOR M.D. 22c PHYSICIAN'S NAME (Type) 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) 23a BURIAL CREMATION. BUR 4 1 John's LutherAN Church 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC D BY REGISTRAR

29 4,9 . 6 1 9 . 1

1		ום	VISION OF STAT	MAK ISTICAL RESE	TLAND STATE L	S. 301 W. PRES	OF HEALIH	LTIMORE 1, MA	ARYLAND	
. =-(-	\mathbf{z}		01645		CERTIFICA	TE OF DEA			01628	3
funera should	$\Lambda) $	1. PLACE	OF DEATH			2. USUAL RESID	PENCE (Where decesse		esidence before e	dmiss on)
4 hours by the fu and 2 sh death.		b. CITY	BALTIMORE OR TOWN (If oulside core RURAL end give nearest	porete Irmits,	MARYLAND		YLAND VN (If outs de corporate	BAL limits, write RURAL and	TIMORE	(P)
within 2 yours after	X				ospitel, give street eddress,	d. STREET ADDR		-	ON.	ESIDENÇE A FARM? NO 2
mpletely papers in 72 h		3. NAME DECEA (Type of	OF ASED r print)	MEIDA	M ddla	MUSE	4 DATE OF DEATH FE		Doy Yee 19(62
and control		5. SEX	6. COLOR		ED NEVER MARRIED	8. DATE OF BIRTH	last		YEAR F UNDER	M n.
ertificate hysician al remove ca		10e. USJA done durin	LE WHITE AL OCCUPATION (Give king ig most of working life, ev ISEWIFE	nd of work 10b.	KIND OF BUS NESS OR INDU		L878 83 County & State, or fore g		ZEN OF WHAT O	OUNTRY?
0 0 7		13. FATHE			in Horiza	14. MOTHER'S MAII			USA	-
e de		IS. WAS D	D. ATHON DECEASED EVER IN U.S. A	RMED FORCES? 16	. SOCIAL SECURITY NO 17		JOHNSON	Address		-
hat the at the a		N	O NONE		NO	FAMILY RECO	DRDS	,	I INTERVAL BET	DOPEN ' A
EN: The law equirent of or attending physician are has been signed by the burial-transit permit burial, cremation, or re		Condition (a), st	inns, il eny, which ise to immediate ceuse eting the underlying lest.	SED BY: CAUSE (e) DUE TO (b) DUE TO (c)	nyacano Diale	igial els	Monchelletin	TION GIVEN N PART	ONSET AND	DEATH Linuxao
Spita tiffica se as or to	()	Ĭ S							1 1	NO •
PHYS the ho this cer d for u		OR CO	CCIDENT WAS UNDERLY NTRIBUTING CAUSE OF	OF DEATH XAMINER	SCRIBE HOW INJURY OCCUP				-	
NDING sined by R: Affer detache t. of He		MEDIC	Hour a.m. p.m.	19 Whi	ork st work	ectory, street, office bldg.	, etc.)	1		(Slete)
ATTE be refe ECTO) ould be ate Dep		saw, I	the deceased alive	E . 1 11 7	nded the deceased from				he date state	d above.
PITAL OR PAGE DIR PAGE 3 she with the St	1	22c. P	HYSICIAN'S GOOR	ge T. Gilr	more, M.D.	M.D SHYS. PHYS. Lanham	DIRECTOR PH	Aff Lutherville		SIGNED
HOS Birth. FUN ector filed		230. BURIA	AL CREMATION 236.	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		(City, town or county	-	tete)
5 4 5 4 3		-		28/62		REMATORIUM_	BALTIMO		MD.	-
VR A15 (4) 15M 9/60	1	HOW	N DUNN	Nons	LOW SET	Md. DATI	REC'D BY REGISTRAR MAR 1 '62	Children 2		



	11646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cations ville 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission as STATE Md b. COUNTY Baltimore c. LENGTH OF STAY IN 1b Cations ville Cations ville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 405 Winters Lane d. STREET ADDRESS ON A FARM YES \(\sum \) NO WINTERS ON A FARM YES \(\sum \sum \) NO WINTERS ON A FARM YES \(\sum \sum \) NO WINTERS ON A FARM YES \(\sum \sum \sum \sum \) NO WINTERS ON A FARM YES \(\sum \sum \sum \sum \sum \sum \sum \sum
	NAME OF First Middle Last DATE Month Day Year DECRATE OF PRINT PROPERTY OF A DATE OF BIRTH PROPERTY OF BIRTH PRO
108	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lef under 1 year if under 24 HR: Isst winder Widowed Wid
15.	WAS DECEASED EVER IN U.S. AKMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 3 Address 3
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate ceuse (a), stefing the underlying cause test. Cardio vascular heart disease
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED, YES NO DESCRIBE HOW INJURY OCCURED, (Enfor nature of injury in Part I or Part II of Hom 18.) CAUSE OF DEATH.
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour s.m. p.m. 19 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Homs, ferm, 20f. (City or lown) (County) (State) fectory, street, office bldg., atc.)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from; Natural causes, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
228	NAME (Type) Geo S.M. Kieffer M.D Address (Street, city, town, or county) 1010 Leeds Ave



CERTIFICATE OF DEATH 01647 il director, filed with haurs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY MARYLAND eral be f b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town d NAME OF HOSPITAL IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 17 ,<u>=</u> <u>E</u> NAME OF DECEASED Middle DATE Month Day Filled aes 1 OF DEATH (Type or print) IF UNDER 1 YEAR! IF UNDER 24 HRS S. SEX 9. AGE (In years last birthday) Months Days Hours WIDOWED | DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) puo 13 FATHER'S NAME 14. MOTHER'S MAIDEN j. g physician wifh гещахе 17, INFORMANT S. ARMED FORCES? SOCIAL SECURITY NO. 16 aftending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which permit gove rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Ü PERFORMED? has YES NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) ficate 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.) Hour a m. White Not while at work of wark p. m. 21. I certify that (1) (this haspital) attended the deceased from \$\square\$ That (1) (we) last and that death accurred a W. M. from the causes and on the date stated above saw the deceased alive an 220 S GNATUR MED DIRECTOR M D 22c. PHYSICIAN'S 22d. ADDRESS page 3 the State CREMATION. 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, Jawn, or county 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR VR ATS (4) 6 - Shun & traces DATE FFR 2 8 '62 15M 9/59



1	14		4		(2648) DIVISION	MARY ON OF STA	LAND STATISTICAL RESE	ARCH AN	PARTME ID RECORDS -	- BALTIA		ARYLAND 2	572		
Page	M)	1 P	COUNTY Baltimo	re	<u> </u>	MAR	YLAND	2. USUAL RESID o. STATE Mar	yland	re decensed	lived. If institution b. COUNTY	nı Residence Har f		ission)
eral	e e		l:	CITY OR TOWN	(If outside corporate limits	, write c.	LENGTH OF STA	Y IN 16	c. CITY OR T	OWN (If or	utside corpora	te limits, write R	JRAL ond give	e nearest to	wnj
f d	<u> </u>	L	<u> </u>		n, Maryland			ours		ingto	n			XX	
urs afte	<u> </u>		M	OR INSTITUTION	TAL (If not in hospitol, gir State Fospi	tal	'ess)		d. STREET A	DDRESS				I ON	A FARM?
the ho			3 1	IAME OF ECEASED	First		Middl		Last		4. DATE OF	Mon	th	Day	Yeor
in 2	ad ‡			Type or print)	Goldi		Wils		Or		DEATH	2	Ir	23	19 62
l with letely	ie d		S. S	ale	6. COLOR OR RACE		NEVER MARR	2 0 1	6/1/0	_	9	AGE (In years lost birthday)	Months Do	oys Hou	
uted	S o		_	USUAL OCCUPAT	ON (Give kind of work de		1 , , ,	OR INDUS	RY 11 BIRTHPL	ACE (State of	or foreign cou	ntry)	12. CITIZE	N OF WHA	T COUNTRY?
and co	Poor Poor			Labore	rking life, even if retired)					yland			บ	.S.A.	•
تے شہ		1	13.	ATHER'S NAME					14. MOTHER'S			0111			
ic of				George		ren la casa		a l is is	ORMANT	\$/ 5/1 /91/	/B/e/1/1/e/	/ 9171 7/	Emma (irist	
ertif	end year	/		no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of set	rvice)	· · · · · · · · · · · · · · · · · · ·		spital R	- a a mail	- M+			Honni	+-7
) ev			No			-23-6089		spitar n	ecora	S 1716.	MITZOII	D ta te		
e death attendir	in an				ATH [Enter only one cou ATH WAS CAUSED BY IMMEDIATE CAUSE (o)		Advance		lmonary	Tube	rculo	sis		ONSET AN	
두 후	and			0	O DUE TO					-					
를 <u>수</u> .	. je			Conditions, if											
quires igned	remo remo	Α		gove rise to couse (a), stating lying couse lost	the under-										
cian en 3	or	0	z		HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO D	FATH BUT I	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	FN IN PART 1	(a) 19. WA	S AUTOPSY
physics be	ation,		CATION		ngestive Ca				101 112 1120 10	1112 1240	1712 51027102	20110111011		PER	FORMED?
IAN: T rending ficate t	the bur al, crem			20a, ACCIDENT W	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI8	E HOW INJURY	OCCURRED	, (Enter noture of	finjury in P	ort For Port I	I of item 18.)			
PHYSIC al ar att his cert	to buri		MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Month, Doy, Yeo 19	While of work	Not white of work	20e. PLA foci	CE OF INJURY () ory, street, office	Home, farm, bldg., etc	20f. (City o	or town)	(Co	unty)	(Stote)
Spit spit	<u>r</u> . o ta			21 I certify th	at (I) (this haspital)	attended	the deceased	d fram	2/22	1.55	2 4 2	/23/	196	Zthat (I	(we) last
No Po	t t			saw the deced	ised alive an 2/	23	19 62, and	d that d	eath occurred	d at	M, from t	• he causes an	d an the d	date stat	ed abave.
E E S	Hed			220 SIGNATURE					ATTENIONA						226 DATE SIGNED
4 .0 U	कु क			$ \mathcal{N}$	newer	min		٨	PHYS		D RECTOR [STAFF PHYS			2/23/6
TAL O	should Board	1		Win . New C	mer, M.D., S	uperin	tendent		22d ADDRE	ilson	State	Hospita	1, Mt.	Wils	on, Md.
May be re	lage 3:		230.	BURIAL, CREMAT	ON. 23b DATE THEREO	F 2:	3c NAME OF CE	METERY OF			23d. LOCATI	ON (City, lown	or county)	(9	fate)
0 50	正=	0	24,	PUNERAL DIRECTO	R'S SIGNATURE	1 4	ADDRESS			250 REC'I	8Y REGISTR	AR 25b, REGI	STRAR'S SIGN	IATURE	
VR A15 (- 1SM 9/5		M	L	hope of	Hackens di	elita	Ja.			DATE N	IAR 8 7	62	" Thun S.	Kines	
		13	-	The state of the s			/								

Three for a centification of the 1/3 208-3/3/62 Ms

1	all follows	11649 CERTIFICATE OF DEATH 01631
oulo ~	_	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kved, if institution: Residence bafora admission)
2 2 2 3	$ \Gamma_{R} $	Baltimore Maryland b. county E ; 4.
는 부스를	T/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
s 1 s 1 s 1 s 1 s		- Rossville 1204rs X Kossville
Sign Sign Sign Sign Sign Sign Sign Sign	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. 15 RESIDENCE ON A FARM?
aly silv		8729 Philadelphia Road 8729 Philadelphia Road YES NO 1
plet 22		DECEASED
exe com on p		(Type or print) Clarence E Owens DEATH 2 22 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE In year If UNDER 14 HRS.
beard, w		Male White WHOWED DIVORCED 2-17-1888 last birthday) Months Days Hours Min
ian ye c		10s. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY;
srtifi iysic emo ny e		Stationary Eng. Esso Standard Oil Baltimore Md. U.S.A.
th of phose see r		Stationary Eng. Esso Standard Oil Baltimore Md US A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME US A
deal plain	1	Henry Owens Elizabeth Braun
the left	リリ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown] (Ifyasgivewarordatesofservice)
that the the it. T		No 212-09-0138 Mrs Madelon Owens 8729 Phila. Rd (6) (NTERVAL BETWEEN
ician by by ermi		QNSET AND DEATH
equi phys ined sit p		MASSIATE CAUSE (a) COTO RALLY CICLOSESTE SCIENCES
ng l		Conditions, if any, which to 12 Times 2 Air stee Chilles in 1844 bles
end end bee bee rial- cre		gave rise to Immediata cause
has has e bu	\sim	(a), stating the underlying DUE TO Causa last. (c) (d)
IAN ral o rate rs th o bu	Sand.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
SIC ospijartifi use a		YES NO .
HY d el for c		# 2DA ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Nem 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH UNITED HERE, NOTIFY MEDICAL EXAMINER]
D S = S = S = S = S = S = S = S = S = S		
Affe Party P		Hour a.m. While Not While Sectory, street, office bldg., atc.)
S S S S S S S S S S S S S S S S S S S		21. I certify that (I) (this hospital) attended the deceased from Fig. 19. 12 to File 2. 1, 196. 4 that (I) (we) last
ATION OF THE PARTY		saw the deceased alive on 7-4-2 and that death occurred at M, from the causes and on the date stated above
Short Stat		22a. SUCHIATORE / 1/2
TI TO SE		ATTENDING MED. STAFF PHYS. STAFF PHYS. STAFF
N in the contract of the contr		22c. PHYSICIAN'S NAME (Type)
OSPI. Pag UNES Itor, p	1	- Hillo 1,41
Hickory Search		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR AIS (4)		Burial 2-26-1962 Parkwood Cemetery Baltimore Md
15M 7/61	R	Lassahn Lyneral Jone 7401Belan Road DATE FEB 26'62 Couling S. House
10	10	December 1 to 12 t

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01658 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Balto Maryland Baltimore CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Reisterstown, Md d. NAME OF HOSPITAL (It not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES 😿 NO 📋 Route_3. Box Route NAME OF First Middle 4. DATE Day DECEASED (Type or print) DEATH 1962 Parrish. February Ethel 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Dovs Hours DIVORCED [7] WIDOWED -Eemale 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Housewife Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME . ⊑ with Dora Smith. Harry F. Boyle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Ruth Verbus Reisterstown Md. 18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🖾 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while ot work ot work p m 1962 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Use as 7-19-55 and that death occurred at 15th, from the causes and an the date stated above. saw the deceased alive an & while GNATURE 22b DATE MED DIRECTOR M D. PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS/1 NAME (Type) page 3 the Stat 230. BURIAL, CREMAT ON, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Lorraine Park Burial Windsor 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR DATE SE when ? It

MARYLAND STATE DEPARTMENT OF HEALTH

filed

2.

guq

VR A15 (4)

15M 9/59

COL

filled Jes 1

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
•			Items 2 & 7 Film G307 2/21/62 iwk CERTIFICATE OF DEATH Reg. Dist	01633
Page 4	X	1.	PLACE OF DEATH O. COUNTY Pulltumers MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE D. COUNTY D.	
die die	Y		b. CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
after of fu	13	H	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OR INSTITUTION OR INSTITUTION	e IS RESIDENCE ON A FARM?
4 haurs d in 1 and		3.	NAME OF DECEASED Name of DeceaseD Name of DeceaseD	VES NO Z
ithin 2. Iy fille Pages			(Type or print) MORTINER PETERS DEATH 2-	1962
ed with pletely irs. Po		3.	Marking Markin	YEAR IF UNDER 24 HRS Days Hours Min.
execute and cam an pape death.		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 EIRTHPLACE (State or foreign country) 12. CITIZ Control Contro	EN OF WHAT COUNTRY?
le be ian al carbo after		13.	FATHER'S NAME	
tifical physic mave haurs	(I)	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address	
ing p		(10:	NO (If yes, give wogger dates of service) Sylvia Ballica Ballica	
death tend pleas ithin			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
the at			IMMEDIATE CAUSE (6) LEFE IS NAL / 77/YOUR BUSYS	36/ths.
ed by the mit. Ti any eve			Conditions, it day, which to ARTERIOSCIERUTIC CV. DISEASE	YEMPS
require ian. en signe nsit per	0		gove rise to immediate couse (a), stating the under-lying couse last.	
ysicia beer fron		CATION	PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
The g ph has unal	,	FICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)	YES NO X
tendin ificate the bu	7	L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al ar at this cert r use as	9	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour o.m. p m. 19 While Not while of work of two of work of two of work of two of work of two of	ounty) (State)
aspir frer of fa	1		21. I certify that I attended the deceased from/ 5 1962 to 2/1, 1962 That I las	t saw the deceased
FND the h DR: A hache	~		alive an J / N, fram the causes and an the ADDRESS (Street, city or town, state)	date stated above. DATE SIGNED
by ATT	2		ACTUAL SIGNATURE M.D. 48 MAIN ST.	41/62
retor RAL II should strar p	/		PHYSICIAN'S MARTIN E. STRUBEL REISTERSTUWN IN	D.
nay be FUNE	,	220	BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or ecounty)	(State)
0 0 0 0 V5 A1S (4)		23.	FUNERAL DIRECTOR'S SIGNATURE 3 ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 1 4 162	MATUREA
1SM 9/SB			way of the state o	



24 hours after

in by the

MARYLAND STATE DEPARTMENT OF HEALTH

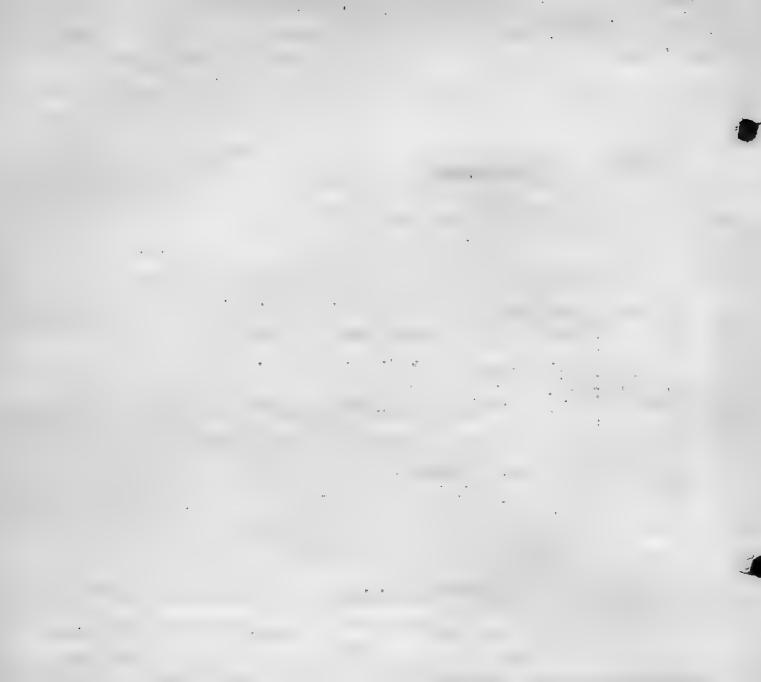
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01652	CERTIFICATE OF	DEATH	01004
)	D. CITY OR TOWN W outs de corporete lim'ts, CA LONG TALLAND nesrest town) d. NAME OF HOSPITAL OR INSTITUTION (f net in hosp	c. LENGTH OF STAY IN 16	AL RESIDENCE (Whare decaesad livad, If ATE b. COUI b.	Prince george
)	Tobacco (Farming I refired) Ow 13. FATHER'S NAME the Present William P	NEVER MARRIED 8. DATE OF DIVORCED 11. BIR TATM Plotts PLOTE 8. DATE OF DIVORCED 11. BIR DIVORCED 11. BIR DIVORCED 14. MOTO DIVORCED 14.	BIRTH 24-80 9. AGE (In yeers lest birthdey) 6 yrs. THPLACE (County & State, or fore gn country Pa HER'S MAIDEN NAME STATE SARAH Pro	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY A. Dobst
,	(Yes, no, or unkown) (If yes giva wer or deles of service)	W-100	Addres	
A CONTRACTOR OF THE PROPERTY O	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. II Whila al work	CRIBE HOW INJURY OCCURED. (Enler net NJURY OCCURRED 20e. PLACE OF INJ Strong Street, at work	Difficulture of injury in Part I or Part II of item 18.) URY (Home, farm, 20f. (City or town) office bldg., atc.)	PERFORMED? YES NO (Siete)
	21. I certify that (I) (this hospital) attends saw the deceased alive on February 3. 22a. SIGNATURE PRICARD Transport SICARD O 23c. PHYSICIAN'S RICARD O 23c. BURIAL, CREMATION, 123b. DATE THEREOF	196.27 and that death o	nding MED. STAFF DIRECTOR PHYS. ADDRESS SMULL Start	2/3/62 DATE 2/3/62 SIGNE
	Burial 2/6/62	Washington Nat!	1 Cem. Suitland	Md.
li.	Ritchie Funeral Home-Up	oper Marlboro, Md	250. REC'D BY REGISTRAR 256. RI	SISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 housed death. Page Lay be retained by the hosp lat or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for his begins director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fig. 1 and 2 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph. 15M 9/60

1 1		Division o	STATISTICAL		RCH AND RECO	RDS,	PARTMENT O	STREET	, BAL		RE 1, M	ARYI	LAND
FOR STATE	_		653 MED	DICAL	EXAMINI	R'S	CERTIFICAT	E OF	DEA	TH		01	635
HEALTH MAPTA	1,	PLACE OF DEATH					2. USUAL BESIDEN	CE (Where d				Residenc	e before edmission)
essary, r. Page files. Health,	_		altimore Co		MARYL		a. STATE Mai	ryland		b. COUN	"Bal	timo	re
		b. CITY OR TOWN (i write RURAL end	foutside corporate limit give nearest town)	ts,	c. LENGTH OF STAY	IN 1b	e. CITY OR TOWN (I		porete lin	nits, write	RURAL en	d give n	earest lown)
A Service	灴		n Point				X North	Point					
Bos	1	4 .	TAL OR INSTITUTION (II		pilei, give street addres	(3)	d. STREET ADDRESS					0	IS RESIDENCE ON A FARM?
ar are	3	NAME OF	Lynhurst R	.oau	402400		4210	Lynhu	cst]	Road	1	#22	YES NO
fan he fan retai dea dea	١	DECEASED (Type or print)	माडा	MAIL EAL	Middle		Lest	4. DATE OF		Month		Day	Yeer
古の8年年 /	5.	SEX SE	6. COLOR OR RACE		LIS POLING) R	DATE OF BIRTH	DEATH		Febru	IELTY	15	1962 JF UNDER 24 HRS.
유 전 () () () () () () () () () (Male	White	WIDOWEI			0-16-1936	ľ		rthdey]		Days	Hours Min.
\$ 00 PE	1Ge	. USUAL OCCUPATI	ON (Give kind of work	10b. Kl		- I	1). BIRTHPLACE (Stole	or forming coi	natry)	Aur-	1 12 CIT	IZEN OF	WHAT COUNTRY?
21. 8 1. 8 1. 8 1. 8 1. 8 1. 8 1. 8 1. 8	do	ne during most of wor Tailer	rking life, even if retired	d}	Poxes		Vest Virgin				US		THE COUNTRY
hot 3. P 3. P ithin		FATHER'S NAME		447 6 0	LOXOD	1	14. MOTHER'S MAIDEN I				1 000		
PM PM		Dayton Is	aac Poling				Ivy May (Nee Po	olina	g)			
Harrie Co.			R IN U.S. ARMED FOR		SOCIAL SECURITY NO	. 17. 3	NFORMANT			Address	- net		
od w if if if	,,,,	No.	Aes Atag mat product of the		34-54-2333	Mr	s. Elsie V.	Poling	g-421	LC L	mdhui	cst.	Road- 422
of a series			EATH [Enter only one	cause per li	ne for (a), (b), end (c).			Mary man	,	the state of the s		INTE	RYAL SETWEEN
cil ir		PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (0)_	(1)) Subara	chno	id hemorrhag	ge				ONS	SET AND DEATH
d ben pen jice is is it	Н	-30	DUE TO										
Paris Paris		Conditions, if any,	1 1-1	(2)	Massit	re pu	lmonary eden	na					
er's er's		(a), staling the un	N DIETO										
Series Series		cause last,	J (c)_	TO COL									
THE WAY	Į OLI	PARI II. OTHER	SIGNIFICANT CONDIT	IONZ CON	INBUING TO DEATH	BUI NO	RELATED TO THE TERMIN	IAL DISEASE	CONDITI	ION GIVE	N IN PART	1(0) 19	PERFORMED?
Volument of the state of the st	СЕКПИСАПО	20s. EXTERNAL CA	INC WAS 1 20	nk hescou	RE HOW IN HIRV O.C.	IDED (E.	nter nature of injury in Pert	Low Book II of	I Itaaa 10			X1	ES DON DOCE
The value of the v	CERT	PRIMARY [] or CO! CAUSE OF DEATH.	TRIBUTING []		rficial abr	rasio		I OT PRIT II OI	i liem io.	•1			
hief burd	₹	20c. TIME OF INJUI	RY Month, Day, Year	20d. 1	Wiki CCURRED 2		E OF INJURY (Home, farm	, 20f. (Clb	v or town	-	(Cour	ntvi	(Stele)
Pag of	MEDICAL	Hour a.m.	Unknown 19	While	Not While	fecto	ry, street, office bldg., etc.		,		,	,,,	(3,0,0)
cate,	~		at I took charge of		130 7	ve. hel	linknown	Inspection		Inquiry	nown	and i	n my opinion
A C C C C C C C C C C C C C C C C C C C		death resulted fr			Accident .	Suici		_	ii	, ,	nner –	1	ii iiiy opilioji
DIO Pard REE			/ ///	XXX			CHIEF MEDICAL E		_			,	
E S C D B		ACTUAL SIGNATURE	1/13re	es len	wz		M.D. ASSISTANT MEDI	CAL EXAMIN	IER POK			DA	TE SIGNED
execting by the standard by the standard designs		EXAMINER'S			1		DEPUTY MEDICAL	EXAMINER [
DEPU should FUNE its des		NAME (Type)			enecker, M.		Address (Street, c	ity, lown, or	county)	Be	brua	ry l	6, 1962
- 6 M - 1	229	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC	OF :	22c. NAME OF CEME	ERY OR	CREMATORY	22d. LOCAT	ION (CI	ty, iown,	or country)		(Slete)
6 2 4 6 9	-	Removal	2-18-62		Payne Ceme	eter		Thornt		West	Virg	inia	
YS. A15ME	23.	FUNERAL DIRECTOR	6. 1	. (-	ABDRESS	230	1	D BY REGISTI		ib, REGIS	TRAR'S \$1	GNATÚ	RE
5M 9/60	17	7. 1. 1.	Mely Extens	7	NUN 17	1.10	DATE FE	B 1 9 '6	2	ن	in S.	France	A



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporat, I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) Write RURAL and give nearest town) Baltimore 23vr7mth2havb Caton sville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1306 Greenmount Avenue GROVE SPIE SPRING YES NO T 3. NAME OF Middle 4. DATE Month DECEASED OF February DEATH (Type or print) Polk William 6. COLOR OR RACE 7. MARRIED TO NEVER MARR ED B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months, Deys Hours WIDOWED D. VORCED April male 10a. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) North Carolina lineman - electrician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Polk 15. WAS DECEASED EVER IN J.S. ARMED FORCESS 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hypergivewardredeesofservice) 9-U1-9152 Address HOSPITAL STATE Records: 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN Chronic Cardiovascular deserve secondary to ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? none 20a. ACCIDENT WAS UNDERLYING II 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (t) (this hospital) attended the deceased from June 27, 19.38 to Feb. 34 ..., 19.57 that (I) (we) last saw the deceased alive on. 760 24, and that death occured at 25 M, from the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Catonsville 28. Md. 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify St.Peters Cemetery Baltimore BUR IAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm.Cobk, Inc., 1217 St.Paul Street, ZONE 2 DATE WAR 15M 9 60

phy

0



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01655 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before edmiss on) COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a, IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO X 540 Robert Street 3. NAME OF First. M ddle DATE Month DECEASED OF GEORGE 0. (Type or print) PRITCHETT DEATH 19 62 February AGE (In years | IF JNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED THEYER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH lest birthdey) Months Hours December 6,1891 WIDOWED -DIVORCED Male Negro 12, CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) physician done during most of working life, even if retired; Baltimore, Maryland Mover U. S. A. Transfer Company 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Unknown Ella Pritchett T INFORMANT 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 Address Yes, no, or unkown) (Ifyesgivewer or dates of service) Clinical Records, VAH, Baltimore 18, Maryland ova Fort Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GENERALIZED ADENOCARCINOMATOSIS IMMEDIATE CAUSE (+) UNKNOWN burial-transit DUE TO ADENOCARCINOMA OF STOMACH UNKNOWN Conditions, if any, which (6) geve rise to immediate cause DUE TO (e), stating the underlying causa last. (c) other significant conditions contributing to death but not related to the terminal disease condition given in part 16) 19. Was autopsy ton: 1/3/62 - Laparotomy revealed widespread approximate the performed performed to the performed approximate the performed performance and performed to the performed approximate the performance and performed to the performance and Laparotomy revealed widespread carcinoma from stomach, 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stete) 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer jectory, street, office bldg , etc.) While Not While Hour e.m. at work et work 21. I certify that 3) (this hospital) attended the deceased from December 14, 161, to February 8, 162., that 1) (we) last ay b 22b, DATE 22e SIGNATURE ATTENDING MED STAFF googiem, massa DIRECTOR PHYS. 🗶 PHYS. page with t death, Page TO FUNERA director, r 22c PHYSICIAN'S JOSEPH M. MILIER. 22d. ADDRESS Chief, Surgical Service 18 MD. FT. HOWARD DIVISION 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Feb.12, 62 Burial Baltimore National Cemetery Baltimore Mary Land 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1 3 '62 Lina S. France Arlington S. Phillips, 1808 N. Monroe St. Balto. 17 DANFER 15M 9/60 Md.

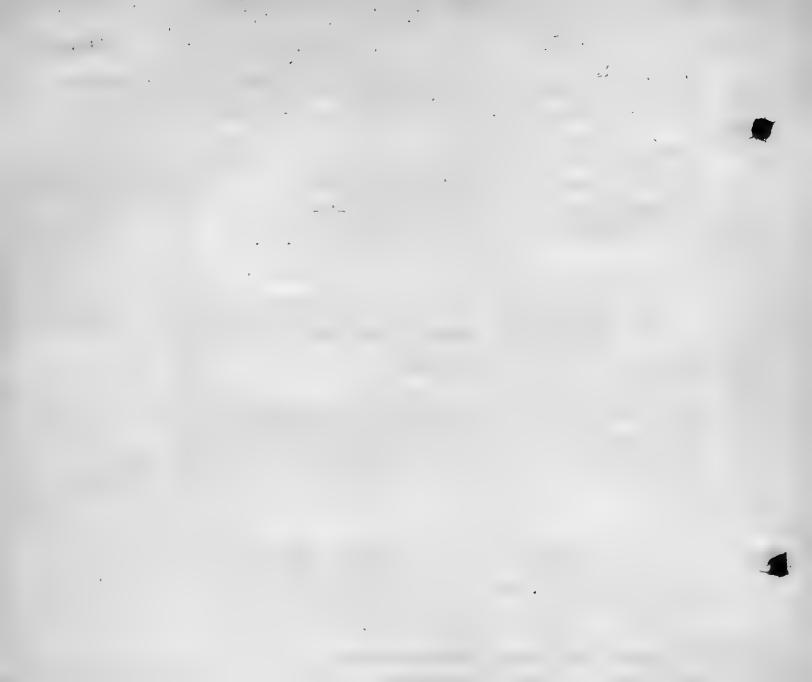




Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence befor edmission) e. COUNTY Page Health, e. STATE b. COUNTY files. Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) rural - Overlea rural - Sverlea d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? 5001 Hazelwood YES NO 5001 Hazelwood Middle 4. DATE Month DECEASED OF (Type or print) DEATH AMELTI REINHARD 5 may be 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IIIF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months: Days DIVORCED <u>female</u> 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Houseworker Balto. Md. USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Reinhardt Agusta C. Weber 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewer or detes of service) Office along with Mrs George Breger 5001 Hazelwood Ave. (6) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intestinal Obstruction IMMEDIATE CAUSE (+) **DUE TO** Strangulated femoral hernia Conditions, if any, which {b} gave rise to immediate cause DUE TO (a), stelling the underlying should be used as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART SIGNIFICANT WAS AUTOPSY PERFORMED? YES K NO -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) ute the certines.

• forwarded to the Chief Pres.

• AL DIRECTOR: Page 3 shother of the control PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work partial 21. I certify that I took charge of the remains described above, held an Autopsy 2. Inspection Inquiry and in my opinion Homicide death resulted from. Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 😿 DATE SIGNED should be for SIGNATURE designat DEPUTY MEDICAL EXAMINER Charles S. Petty NAME (Type) Address (Street city, town, or county) 226 BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) [Steta] REMOVAL (Specify) £40 g Burial Jerusalem Luth Baltimore Cemetery PALTIMOTE 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME



PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01658 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COURTY b. COUNTY MARYLAND

	(RURAL and give nearest to export the transfer of STAY IN TO	d give dearest town)
,		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION White are address. J. STREET ADDRESS Core.	e. IS RESIDENCE ON A FARM? YES NO
	3. I	3. NAME OF DECEASED (Type or print) Puranela 8. Rivers DEATH Set. 3	Day Year
1	5. \$	5. SEX 6. COLOR OR RACE 7. MARRIED TREVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years list birthday) Manih Lewall Culocal WIDOWED 1 DIVORCED 1 Jent 25 169 Manih	ER 1 YEAR IF UNDER 24 HRS. Doys Haurs Min.
	٩	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 May 12 May 14 Mother's NAME 14. MOTHER'S NAME	CITIZEN OF WHAT COUNTRY?
-		Thomas Butter lak.	
and a		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 THEORMANT hame hullations for contraction of services 16. SOCIAL SECURITY NO. 17 THEORMANT hame full activities for the contraction of the contraction	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a) DUE TO	onset and death 3 months
		Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost. Arterio-sclerotic Heart Disease DUE TO (c)	3
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P Hypostatic Pneumonia	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO H
	HEILICAI		(County) (Stole)
		21. I certify that I attended the deceased from NOV. 4th., 1961, to Feb. 3rd., 1962, that alive on Feb. 3rd., 1962, and that death occurred at 5. IOPM, from the causes and on ADDRESS (Street, city or sown, stote) SIGNATURE 617 Malney Mb. 57 Winters Lane	
		PHYSICIAN'S C.F. Maloney, M.D. Catonsyille, 28. Md.	
	<u>×</u>	220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county Semoval (Specify) 2-8-1962 (Abuttus) Balbs (J.	The (State)
	23.	23. FUNERAL DIRECTOR'S SIGNATURE LINE ADDRESS Stand 240. REC'D BY REGISTRAR 24b. REGISTRAR'S DATE-50 162	SIGNATURE



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	01659 CERTIFICATE OF DEATH 01641
funera should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)
5 5 K	Baltimore Maryland Baltimore Baltimore
\$ \$2\$	b. CITY OR TOWN (if outs de corporete limits, LENGTH OF STAY IN 1b CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)
Z P P P	write RURAL and give neerest fown)
E - E V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE
	ON A FARM?
S. F. Sound	100 Newburg Ave.
urtect Per 72 F	3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
Pag Li	(Type or print) John Robb DEATH February 9, 1962
9 0 n H	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TY 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
band and t	Male White widowed Divorced Nove mber 4, 1876 85 yrs. Months Days Hours Min.
cate ven ven	109, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & Stele, or foreign country) 112, CITIZEN OF WHAT COUNTRY?
rtifi sino y e	done during most of working life, even if relired) Merchant-Retired Hardware Maryland U.S.
8 4 8 E	13. FATHER'S NAME
ing eas d in	Mark Mark Mark Mark Mark Mark Mark Mark
P Para T	William W. Robb Catherine Jann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address
4 # # # # # # # # # # # # # # # # # # #	/ (Yes, no, or unkown) (Ifyesgivewer or detes of service)
in the interest of the interes	No 215-03-6698 Mrs May Whittington 100 Newburg Ave, Catonsville
dest chan rai	ONICET AND DEATH
ysided by o	PART I. DEATH WAS CAUSED BY: Caracina of prostate with instastance. 3 yes
ing Signature	DUE TO
Jaw Jing en s I-tra ema	Conditions, if any, which [b]
ben ben ria	geve rise to immediate cause (e), stating the underlying DUE TO
has has be	ceuse lest. (c)
A STATE OF THE STA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
State of the state	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPST PERFORMED? YES NO
YS)	2De. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
PH he his for for	2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
a > ra de	20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
Aft Aft of F	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m., While Not While et work et work et work et work
SNI Brings	
E a C a G	# 0 a 10 945A
at Surposition As	
Strong Show	ATTENDING MED STAFF SIGNED
h the	M.D. PHYS. DIRECTOR PHYS. 3-12-63
Page Page With	22c. PHYSICIAN S NAME (Type) DILLA & NESDITE IN 22d. ADDRESS
SP P	11/1/1/1/1/2013/11/2013/11/2013/05 1/2016 1 Md.
FU.	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stole)
တုန္တုတ္ခ်င္အာ	Burial 2-12-1902 Vak Lawn Cemetery Baltimore Maryland
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
15M 9/60	Catonsville-28-Md DATER 13 '62 C day & thous

MARYLAND STATE DEPARTMENT OF HEALTH

The supplier of



and the state of t		- WINCI ENIAL	CERTIEIC	ATE OF DEATH	ALTIMORE, 18	
- 4		01660	CERTIFICA	AIE OF DEATH	Reg. D	ist. NO 1642
À	1. P	COUNTY		2. USUAL RESIDENCE (Where dece	I MOLLINIEN	· ·
		Baltimore	MARYLAND	Md.	Bali	timore
M	Ь	CITY OR TOWN (If auts de carporate I mits, write RURA, and give nearest town)	c LENGTH OF STAY IN 16	c. City OR TOWN (If outside co		give negrest town)
		Dundalk		Dunda]	,k	
X	0	NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
1	-	1927 Dundalk	4		alk Ave. # 21	2. YES NO
		AME OF First ECEASED.	M ddle	Lost 4, DAT	- *************************************	Day Year
	5 5	ype or print) ALICE	М.	ROCKSTROH. DEA	1 0 0 1 0 0 0 1	10, 19 62
	5 51	7 55 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	lost birthday) Manths	Days Haurs Min.
	100			Sept.19,1906	55 yrs	TIZEN OF WHAT COUNTRY
	1,00	USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	A + TI			
	13 F	House Work	At Home.	Baltimore 14 MOTHER'S MAIDEN NAME	, Ma	U.S.A.
(T)		? Kurt	.7.	Carolin	9	
(L)	15 \	VAS DECEASED EVER IN U. S. ARMED FORCES? 16		INFORMANT	Address	
	(Yes,	no, or unknown) (If yes, give wor or dates of service)	13-12-0701	John W. Rockst	·	9
		IB CAUSE OF DEATH [Enter only one couse per		OCIAI W. IGOREDO	1 OII Dean	INTERVAL BETWEEN
				OF STOMACH		ONSET AND DEATH
			ITH MET			8 MONTH
		Candilians, if any, which	1 1 1 1 / / / / / / / /	113/11/23		
		gave rise to immediate				
		lying couse last.				
17	NO	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT I(0) 19 WAS AUTOPSY PERFORMED?
()	CATION					YES NO
	CERTIF.	OR CONTRIBUTING IT CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or	Port II of item 18.)	
		IF EITHER, NOTIFY MEDICAL EXAMINER				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. Hour a.m. Whil	E-	ACE OF INLURY (Home, form, 20f (ctary, street, office bldg., etc.) !	City ar town)	(County) (State
	₩.		ark at work			
		21. I certify that I attended the deced		, 19 <i>(21</i> , to 2/1		ast saw the decease
	П	alive on 2/5/62, 19	, and that deatl	occurred at 2:00MPtm		
	Ш	ACTUAL 1 DESCRIPTION		mg . /	(Street, city or town, state)	DATE SIGNE
- 1		SIGNATURE / FISHER	unn	M.D. 3401 Dec	nealk 1	TUE offel
1		PHYSICIAN'S 7/1 F. ROO	ic main in	mD.		
		BURIAL CREMATION, 22b, DATE THEREOF	1 //an/1	1122	CATION (C)	4
	220.	BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 2- 13 -6	22c. NAME OF CEMETERY C		CATION (City, lawn, or caunly)	Ba.Co.
	1		d Uak Lawn	Cemetery 72	25 Eastern B	יים אוניים איניי
0	23 5	INTERNAL DIRECTOR CONTINUES CONTINUE	1000000			
2	23 1	UNERAL DIRECTOR'S SIGNATURE 6224	1000000	24a. REC'D BY RE	GISTRAR 246 REGISTRAR'S S	



TO FUNERAL D VS A1S (4) 1SM 9/S8

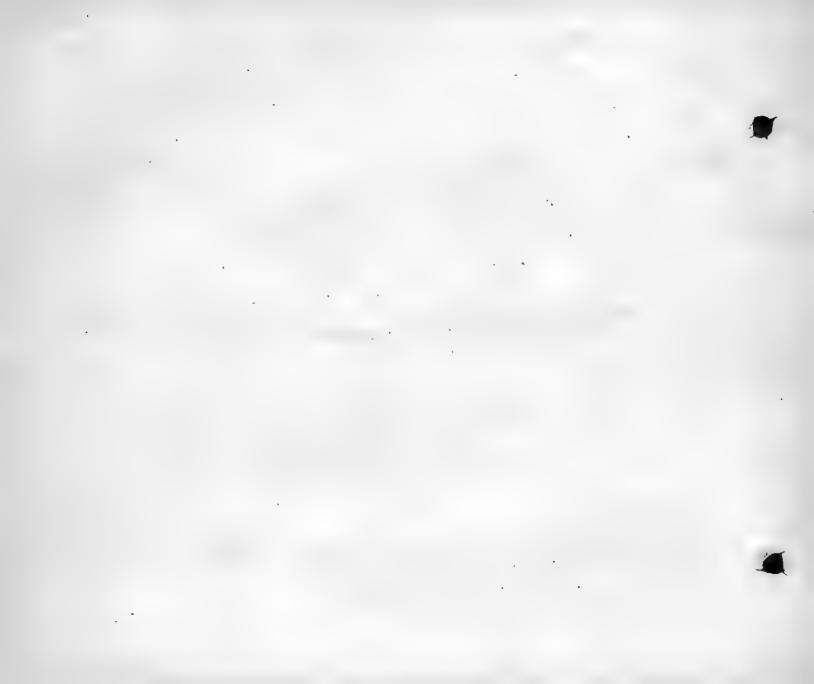
CTOR:

requires that the death certificate be executed within 24 haurs ofter death.

eral

5. SEX

MEDICAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 01662 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ARYLANDD 罩 b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) BALTIMORE LTIMORE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 3011 1000 MIRVIEL YES NO DE AIRVIEN .0 4. DATE OF DEATH NAME OF Middle Day filled DECEASED Poges {Type or print} STHER OSENBLATT 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. completely lost, birthdoy) Months Doys Hours WIDOWED | HUNG 26 TEMPLE DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) BALTO. UISIA pup MOUSE WIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOLOHON LOTTIE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address EMANGEL 110SEN offendi 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 9541 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which permit gove rise to immediate DUE TO couse (o), stating the underlying couse last. pup PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? has YES NO NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, | 20f. (City or fown) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc) Hour a.m. While Not while ol work of work O. m 21. I certify that I attended the deceased from Vanz 12, 1933 to Febze, 1963that I last saw the deceased and that death occurred at 2:43/MM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE-SIGNED **ACTUAL** EQ14ATURE Ē ă D PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ASHINGTON 30R196 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR VS A15 (4) Curing Y. Thomas 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



- 1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
4 5.	E Property of the Park of the			O1664 CERTIFICATE OF DEATH Reg. Dist. Q1646						
Poge	(M)		1 1	COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY						
	9 6		_/	COV OR TOWN (If autside corporate limits write CLENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
offe offe	0 2 yrd			NAME OF HOSPITAL (If not in hospital, give street oddress) OF METHODO OF A STREET ADDRESS OF A STREET ADDRESS VES NO						
n 24 ha filled in	jes 1 on		- 1	NAME OF DECEASED Type or print) Sarah First O Ruckert DEATH Tel. 2 - Day Year 1962						
d within	r. Pog		S. S	+ WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED Min.						
execute nd cam	bon pape er death.		10a	USUAL OCCUBATION (Give kind of work done during most of work give even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112.CITIZEN OF WHAPCOUNTRY?						
cate t	B & 1		_/	Rew. Um Jonnes Cuelle nietzsche						
h certiffi ing phy	se remove		TS (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. REPORMENT (If you, give were or deless of service) 16. SOCIAL SECURITY NO. RELEVANDS G. H. 68, 1 Campfiely Re						
he death	en plea it withir			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Note that the course per line for (a), (b), and (c) PRIT I, DEATH WAS CAUSED 8Y: 13. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12						
s that the	any ever			Conditions if any, which (b) (2) - Ingree - Virus) 5 days.						
require on. n signed	nsit per ond in o			gave rise to immediate couse (a), stating the under- lying couse last. DUE TO (c) Ch arterior Selevation Heart Dirace 5 yrs.						
he low physici hos bee	movol, c		CATION	PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 1.						
CIAN: 1 trending tificote	s the bu		A CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)						
PHYSIC Iol ar a This cer	r use as rematia		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark a						
NDING e flospi e: After	sched fo			21. I certify that I attended the deceased from freed 1956, to Two 2, 1962 that I last saw the deceased alive an Two 5, 1962 that I last saw the deceased alive an 1200 PM, from the causes and an the date stated above.						
by th	ld be deto prior to b			ACTUAL SIGNATURE Rund & Chamber - M.D. 4108 Lberty Att C- Batte in 23-6						
PITAL C	l should jistror pr			PHYSICIAN'S Earl L. Chambers.						
O HOSE	page 3 the reg	'	K	RECORDS SPECIAL CREMATION 200 DATE THEREOF 220 NAME OF CEMETERY OF REMATORY 200 (100 City jown, or county) (State)						
VS ATS (4 TSM 9/58			23	Fullered Director's signature 6067 Harford Rd DATE FFR 8 162 with a think						



		1-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 14 PRINTER
		(3	OTORY CERTIFICATE OF DEATH
after nera oufd	*		ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)
후 후 후		0.	COUNTY PAITAL DE 6. STATE NO 6. COUNTY PAITAL
를 축하를	ΛJ	b.	CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
子 多语名		-	write RURAL end give nearest town] 7 VRS X CATONSVILLE
.E 3.E 3.E		d.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE
div	λ	-	ON A FARM?
d v		3-67	RIDGE RD, YES NO. North Day Year
curte oletk apea		D	ECEASED OF
d citt			ype or print) JOSEPH AUSH DEATH FEBI 1, 1964
8 0 0 3	7	5. \$1	X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			MI WIDOWED DIVORCED AUG-121, 1872 69 yrs.
Fical Ciar Ove eve		10a. <u>do</u> ne	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if refired)
ertr isyr rem rem		KET	TIRED NIGHT SUPERULA, DUISKEE ENT, MP, U.S.A.
19 P		13. F	ATHER S NAME
ding ding plea			CHARLES KUSH, KUNICUNDA,
en Fen F, a		15. Y	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
H The		(103,	NO L NO. 216-05-3106 MRS MARIE PARR, 7. RIDGE RD. 28
4 4 4 4 6		71	B. CRUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
sicigal poly			PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Crente Colomonary Edin
Sit 1			DUETO
w ng li sig			Conditions, if any, which (b) Chronic Magazardilio
ndii ndii jak			eve rise to immediate cause
古			a), stating the underlying DUE TO (a) Chronic English
in or the burn		2	PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,81 19. WAS AUTOPSY
Elication of the control of the cont	0	잍	PERFORMED? YES \ \ \ NO \ \Z
SIC losp ert l use rior	£	2 -	De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Port II of item 18.)
HA Paris of Indian		₩ 0	F EITHER, NOTIFY MEDICAL EXAMINER)
HTE PE			
P & ST		V	Co. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 29e, PLACE OF INJURY (Home, farm, 20f, [City or lown) (State) Hour a.m. While Not While fectory, street, office bldg., etc.)
C e C e		WEDI	p.m. 19 et work et work
# 50 m 9		2	1. I certify that (I) (this hospital) attended the deceased from 10-12-15 to2-17-, 1962 that (I) (we) last
A A C S S S		s	aw the deceased alive on
State of the state		2	20. SIGNATURE ATTENDING MED. STAFF 22b. DATE 5.GNE
1 2 2			Miles K. Jallages M.D. PHYS. DIRECTOR PHYS. 1 2-8-62
4 0 K 2 E	1	2	2c. PHYSICIAN'S NAME (Typen 6/7 2 cs // Specific Property 1 2 cs // Specific Property
SP.	1		Milmer A. fallogestill 6309 tredend ave Ball. 20, ohd
Str Str.			BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
84040			PURIAL FEB, 10/62 LOUDON PARK (EMTY BALTO, MID,
VR A15 (4) N			UNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1SM 7/61		1/2	ITTAF 4101 EDMANDSON AUE, DATESER 9 162 CILLING & YIMME

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01666 funeral should hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence bafore admission) e. COUNTY **b.** COUNTY by the Baltimore Marvland Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 ξ write RURAL and give nearest town) \subseteq Dundalk Dundalk within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 2614 Liberty Parkway Liberty executed NAME OF Yeer Middle Month OF DECEASED February 62 (Type or print) DEATH 19 BERTHA RUTH 6 COLOR OR RACE 7, MARRIED THEYER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH and carb day birthday) Months Female White July 16. 1893 WIDOWED A DIVORCED certificate 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) U.S.A . at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Schumacher George Kelch 15 WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) i (Ifyasgiyawar or dates of servica) Mrs. Anna Kleiner, 2614 Liberty Pkwy., Balto. 22 IB. CAUSE OF DEATH [Entar only one cause per line for (a) / (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO if any, which gave rise to immediate couse DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE 19. WAS AUTOPS CERTIFICAMON PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part I of Item 18.) 20a ACCIDENT WAS UNDERLYING [7] OF CONTRIBUTING [CAUSE OF DEATH IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I factory, streat, office bldg., etc.) While Not While Hour e.m. at work et work saw the deceased alive on... 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 22d, ADDRESS 22a. PHYSICIAN S NAME (Type) David Andrew. M.D. Dundalk Ave. 23d. LOCATION (City, town or county) 238 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stelle C g C g v REMOVAL Oak Lawn Cemetery Baltimore County, Md. 25h, REC'D BY REGISTRAR 25h, REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE DATE FEB 2 3 '62 15M 7,61 Funeral Home, Dundalk, Md. 1 " " MT & Transa

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY Baltimore b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I mits, wr to RURAL end give neerest town) Fort Howard 10 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? 6500 Hartwait Street Veterans Administration Hospital YES NO T 3. NAME OF Month Year DECEMBER (Type or print) DEATH February 19 62 FRANCIS RUTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER ! YEAR IF UNDER 24 HRS. lest birthdey) | Months | Male White Days Hours May 20,1906 WIDOWED X DIVORCED [1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CTIZEN OF WHAT COUNTRY? 11 BIRTHPLACE County & State, or foreign country) dona during most of working life, aven if retired) Laborer Brewerv Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Anna Merkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (If yes give we rordetes of service) 2.18 Clinical Records, VAH, Baltimore 18, Maryland Fort Howard Division Yes WW II 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION WITH INTRAMURAL THROMBOSTS SEV. DAYS IMMEDIATE CAUSE (a) m2 1 **DUE TO** Conditions, if any, which (b) geve risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 1. Multiple Pulmonary Emboli and Pulmonary Infarct. 2. Left thorax due to rupture, left Innominate vein.—Duration several

206 ACCIDENT WAS UNDERLY NG 1 206 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port 1 or Port 1 of item 18

(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Df. (City or town) (Steta) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that (K (this hospital) attended the deceased from February .. 16 19. 62 to February .. 26 19. 62 that (tx (we) last saw the deceased alive on February 26.19.62, and that death occured at 1.20 from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING 2/26/82 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) SEBASTAN RUSSO, M.D. 18, MD FT HOWARD, MD. DIVISION = death. TO FUI 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 효충 Baltimore National Baltimore 28. Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circhar & Thomas 15M 9/6 DATE Matthews Funeral Home



7 25	2		01668	MARYLAND ST VISION OF STATISTICAL RES CERT		ID RECORDS - BALTIA	HEALTH MORE 1, MARY		l650
director	M	1.	COUNTY BALTIMORE	MA	RYLAND	2 USUAL RESIDENCE (Who	ere deceosed lived.	If institution: Residence b. COUNTY BALTTI	afore admission)
r deoth funeral	1		c. CITY OR TOWN (If autside corporate RURAL and give nearest town)	limits, write c LENGTH OF ST. 3 minths 2		c. CITY OR TOWN (IF OU BALDENIA	tside corporate lim	nts, write RURAL and give	nearest town}
urs afte	Y		d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	al, give street oddress)		d STREET ADDRESS	RCAD		e. IS RESIDENCE ON A FARM? YES NO
n 24 ho fuled in ges 1 or			NAME OF DECEASED (Type or print)	First Mid Emry John		Sadler JR	4. DATE OF DEATH	Month FEBLUARY	Day Year 9 1962
ted with nees. Pagent	0	5	MALE WHITE	WIDOWED DIVOR	CED [october 12,19	6/ lost	birthdoyl Months Doy	9118
e execu			JSUAL OCCUPATION (Give kind of wo during most of working life, even if reti	ored) IUS. KIND OF BUSINESS	OK INDUST	Baltinore,	maryland	/ / / /	OF WHAT COUNTRY?
ficote b ysicion ave corl		L	Henry John Salves IN U. S. ARMED F	der	10 12 111	Dowthy &		Appel	
th certification of the certif		(7=	na, or unknown) (If yes, give wer or dates	of service)	Mr.	Henry J. Sadler	Mano	e Road Battle	vin Maryland
the otter the otter Then plec	, v		PART I. DEATH WAS CAUSED 8' IMMEDIATE CAUSE	Y: E (o)	c)) 			li o	NTERVAL BETWEEN ONSET AND DEATH
es thot ed by the rmit. T	. 🗸		Conditions, if any, which gave rise to immediate	(b)					
r requir cian. en signi nist per		7	lying couse last	10) Bullous		ricella			7 days.
The low g physic hos be uriol-tro	4	FICATION		NONE,					19 WAS AUTOPSY PERFORMED? YES NO
CIAN: trending tificate s the bu	×.	CERT	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE		No	NE_			
PHYSIA tol or o this cer this cer or use o		MEDICAL	20c. TIME OF INJURY Manth, Day, Hour a. m. p. m. ——————————————————————————————————	Year 20d INJURY OCCURRED While Not while at work	20e. PLA: focie	CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City or taw	n) (Coun	ty) (State)
ENDING The hospi R: After oched fo			21 I certify that (I) (this bospinsaw the deceased alive on			ath occurred of 4 A	W, from the co		that (I) (we) lost
ATT CCTO be det			220 SIGNATURE-William a	andere-		.D ATTENDING ME	STAI		226 DATE SIGNED
RAL C. should to Board			22c PHÝSICIAN'S NAME (Type) WILLAM	A. ANDERSEN	M.I	22d. ADDRESS 1528 Ym	k Rd. K	athemily?	nd.
moy be D FUNE		230	SURIAL, CREMATION, 236 DATE THEF REMOVAL (Specify) LLIR 117 2-/10/	REOF 23c NAME OF CE	VI	CREMATORY E EYMER CEYM	BAL	ity, town, or county)	(Stote)
VR A1S (4) 1SM 9/59	24	24	THE SIGNATURE	305 HARFO	Rd	1250. REC'D	BÝ REGISTRAR 1 3 '62	25b. REGISTRAR'S SIGNA	
	J. J.	0	2 1 . 7			100			1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01669

01651

PLACE OF DEATH o. COUNTY Baltimore	MARYLAN	II A STATE	Maryland	ased lived If institute b. COUNTY	on: Residence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)		b c. CITY OR	TOWN (If outside co		URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, gi	ive street oddress)	d STREET		iver #20	e. IS RESIDENCE ON A FARM?
4 Blister S	t.		4 Blister	St.	YES NO
3. NAME OF First DECEASED (Type or print) William		Lo	4. DAT OF DEA	-	-
S. SEX 6. COLOR OR RACE	7. MARRIED THEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male White	WIDOWED DIVORCED	Februa	ry 5, 189	lost birthdoy)	Months Doys Hours Min.
10g USUAL OCCUPATION (Give kind of work of	ione 10b. KIND OF BUSINESS OR IN			f	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Tool Crib Attend.	Aircraft		Penna.		USA
13. FATHER'S NAME		14. MOTHER	S MAIDEN NAME		
Ť				?	
15. WAS DECEASED EVER IN U. S. ARMED FORC		7 INFORMANT		Add	ress
(Yes, no. or unknown) (If yes, give wor or dates of se	196 031100	Elsie	Scherer	Same	
18. CAUSE OF DEATH Enter only one con					INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Coron		0,,,		Conset AND DEATH
DUE TO		7 000	markey-		
Conditions, if any, which)	Ontain Paul	cardin	18 21 m. Oa	· 0:	~ ~ /
gove rise to immediate	COT DETERMINE	- Caraco	Calls curle	<u> </u>	- Gum
lying couse lost. (c))				
PART II OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISE	ASE CONDITION GIV	/EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES □ NO [1]
PART II OTHER SIGNIFICANT CONI 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture	of injury in Port I or	Port II of item 18.)	
	or 20d INJURY OCCURRED 20e	PLACE OF INJURY	[Home, form, 20f. (City or town)	(County) (State
OC. TIME OF INJURY Month, Doy, Year Mour o. m. 19	While Not while of work	foctory, street, offic	ce bldg., etc.) 1		
21 I certify that (I) (this hospital		m	1250 to	7.4816	1962 that (I) (we) las
saw the deceased alive an	ab 16 19/2 and the	at death accurre			d on the date stated above
220 SUCHATURE	11				22b, DATE
Down ofen	cost /	M D PHYS.	MED. DIRECTOR	STAFF PHYS	SIGNE
22c. PHYSICIAN'S NAME (Type) Lauis Sc	EMENORE	22d. ADD 2108	RESS Opens	Ed, Bal	Time 20, Hel
230. BURIAL, CREMATION, 236. DATE THEREO	OF 23c. NAME OF CEMETER	Y OR CREMATORY	23d LO	CATION (City, town,	or county) (Stole)
Burial 2/19/62	Meadowridge	Mem. Par		kridge M	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1.20119 641	250. REC'D BY REC		STRAR'S SIGNATURE
C CONSCIONAL X MINISTER	1407 Eastern Ave		DANEE 1 9 16	62 Cat	w S. Maria

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4, funeral director, uid be fited with may be retained by the haspital or attending physicion.

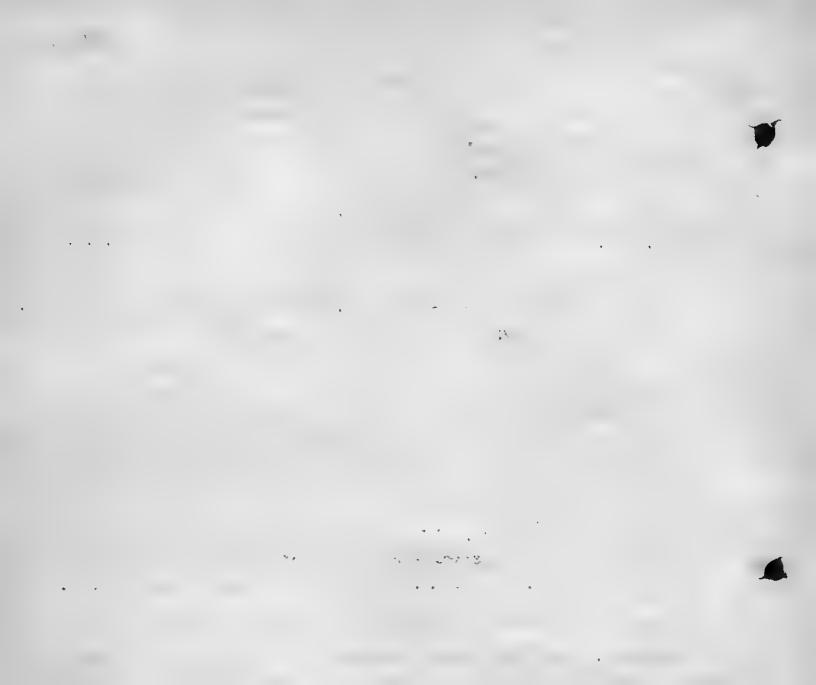
D. FUNERAL U. ACTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages I and the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after death.

may be reta TO HOSPITAL



6	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L 37	1	01670 CERTIFICATE OF DEATH 01652
affer nera outo	_ `	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, f nestitution; Residence before edmission)
S to S	1	. COUNTY Baltimore MARYLAND . STATE Maryland b. COUNTY Saltimore
전 수 등	VI)	b. CTY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Foutside corporate limits, write RURAL and give nearest town)
4 Z in 2	- /,	write RURAL and give nearest town] / Owson X Tow son
aff.	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
with	*	503 Youcher Boulevard 1 503 Goucher Boulevard YES NOTA
ted etely ers 2 hc		3. NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED 1 / OF
mple mple	1	(Type or print) lay mond 71. Schneid DEATH TENTUARY 1719 12
9 S #		5. SEX '6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) FUNDER 24 HRS.
and and		male white WIDOWED DIVORCED ()ct. 9, 1891 70 yrs. Months Days Hours Min.
icati		10e. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTPP.ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ertif nysic emo		Ret. Mar. (rucible Steel, o New York U.S.M.
h c p ph se ri		13. FATHER'S MAINE
deat ding plea		John Schneid Mary Theiss
he itten		15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unknown) (Ifyes give war or dates of service).
he a		234-07-6060 Hvrs. Mary Schneid 503 Goucher Blyd,
ian,		18. CAUSE OF DEATH [Enter only one couse pet l'ine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH.
ating the second		IMMEDIATE CAUSE (a) a cuto my a conceptul conforcism 30 min
p ph sign sign ansija		T20. DUE TO
law Iding sen al-tr		Conditions, if any, which gave rise to immediate cause (b) Caranay and Caranay
The street stree		(a), stating the underlying DUE TO
N: or or the buri		PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
Fical Section of the		PERFORMED? YES NO PERFORMED?
rior		U
PH he his for th		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I. of item 18.) OR CONTRIBUTING CAUSE OF DEATH URE EITHER, NOTIFY MEDICAL EXAMINER!
bed teal		3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
Af Aff		Hour a.m. While Not While fectory, streat, office bldg., etc.)
otali OR: De dept.		21. I certify that (1) (this hospita) attended the deceased from July 1957 to + 11 17 1962, that (1) (we) las
N S S S S S S S S S S S S S S S S S S S		saw the deceased alive on 1961, and that death occurred at 1.P.M. from the causes and on the date stated above
Sta Sta		226. DATE 226. DATE ATTENDING MED. STAFF 226. DATE SIGNED
が 日 の 記 の 記		PHYS. D. PHYS. D. 2/19/62
R B B B B B B B B B B B B B B B B B B B	İ	22c. PHYSICIAN'S NAME (Type) George T. Gilmore, M.D. Lanham Building Lutherville, Md.
JNE JOE,		<u> </u>
HK leath		REMOVAL (Specify)
P H	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drund Ridge, emercing Daltimore, Marillon nd 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	M	Leonard J. Ruck 5305 Harford Road #14 DATE FEB 21 '62 Chilly & thous
	K	The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTRAItimore Baltimore MARYLAND b. CITY OR TOWN (floutside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lanedowne Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FAR 627 Washington Ave 627 Washington Ave 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Pauline Schult DEATH 16. COLOR OR RACE 7. MARRIED 5 SEX 8. DATE OF BRTH NEVER MARRIED 9. AGE (in years HF UNDER 1 YEAR IF UNDER 24 HRS. of Grinday) Months Days Hours Dec. 24.1885 F offi . WIDO WED! DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Home duties Home page 13. FATHER'S NAME PM3. 14. MOTHER'S EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unkow) | [If yas give war or dates of service] 18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute heart failure IMMEDIATE CAUSE (a) DUE TO Hypertensive cardo vascular disease Conditions, fany, which gava rise lo immadiata causa DUE TO (a), stating the underlying Generalized arterio sclemisis causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stata) factory, straet, offica bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection [F and in my opinion death resulted from-Natural causes Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Feb.17.62 DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Streat, city, town, or county) 1010 Leeds Ave NAME (Typa) Geo.S.M. Kieffer 22a. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) 2-21-62 Lorraine roodlawn, maryland ₫40 Burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 1913 ... Baltimore St. Cole 5M 7/59 Chilbur & Flores DATE EB 2 0 '62

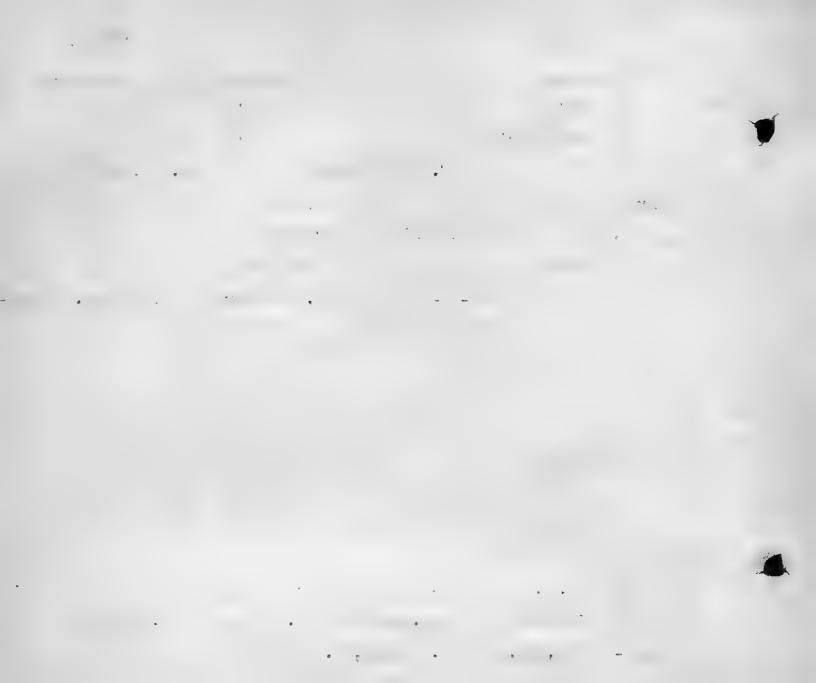


death certificate be

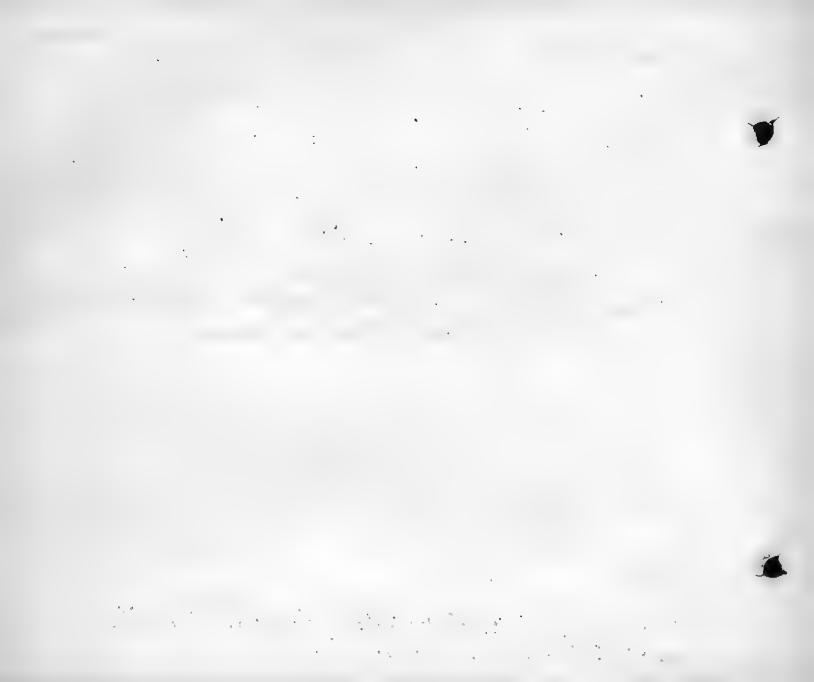
OR

ay

AND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DE	EPARTMENT OF HEALTH—BALTIMO	RE, 18
	01673 CE	RTIFICATE OF DEATH	Reg. Dist. Q1655
Page /	1. PLACE OF DEATH O. COUNTY BALTIMATE	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If	funstitution: Residence before admission)
funeral ld be fill	b. CITY OR TOWN (If outs de carporate lignits, write RURAL and give hyperest town)	STAY IN 16 c CITY OR TOWN (If outside corporate limits	
Jrs often	d NAME OF HOSPITAL If nat in hospital, give street address) OPTINITION	Staplets Ville	e. IS RESIDENCE ON A FARM? YES NO
in 24 hoi filled in ges 1 an	(Type or print)	Middle Slasi 4. DATE OF DEATH Feb.	Month Day Year Yuary 25 1965
pletely press. Pog		VORCED 1 June 23, 18/5 800	n years 15UNDER 1 YEAR 15 UNDER 24 HRS (Mody) Months Days Hours Min.
e execute and cam san pape r death.	100 USUALOCCUPATION (Give kind of work done 10b KIND OF BUSIN during most of working life, every if thired) ACKS M	thing White Itall, le	Ad- 12 CITIZEN OF WHAT COUNTRY
g physician of remave carbi	13. FATHER'S NAME OF C 7M 1 7/2 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURIT	TY NO DINFORMAND	Son, - Address T
oth certification of the certi	(Yes, no or phinown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter anily one couse per line for (a), (b), on	- Mrs. Clipabeth Six,	While Hall, M.
the dec	PART I. DEATH WAS CAUSED BY:	lis Varrela disine	ONSET AND DEATH
es that ed by th mit. Th	Conditions, if ony, which gove rise to immediate (b)		
require	couse (o), stoting the <u>under:</u> Iying cause last. (c)		
he law physic has bee rial-tra mavol,		TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	PERFORMED?
CIAN: Trending ifficate life but ar rel	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED (Enter nature of injury in Part I or Part II of item	
PHYSIC ol ar at this cert r use as ematiar	ZOc. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRE Hour o. m. While Nat while at work ☐ at work ☐ at work ☐	foctory, street, office bldg , etc)	(County) (State
VDING After ched fo	21. I certify that I attended the deceased from	that death accurred a 130 FM, from the cou	19/19/hat I last saw the deceased
ATTE	ACTUAL SIGNATURE C.M. France	ADDRESS (Street, city	or town, stote) DATE SIGNET A 2 2 6 2
PITAL e reta ERAL 3 shouti	PHYSICIAN'S A. M. FRANCE		
O HOS may b O FUNI page (Buria (Specify) Febr. 27/1622 table	ersville emelery Parkte	in, Md.
VS A15 (4) 15M 9/SB	23 X FUNERAL DIRECTOR'S SIGNATURE . ADDRESS AD	roestory, Pay DATE AR 1 162	46 REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY e. STATE Balt more MARYLAND Maryland b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Boltimore Catonsville 3yrlmth2dys d. NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 4534 Manor View Road SPRING GROVE 3. NAME OF First Midd e DATE Month Yeer DECEASED OF Smith (Type or print) George James DEATH February 62 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BRTH lest birthday) Months Days Hours male WIDOWED [DIVORCED 10e. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BITTHPLACE County & Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sam Dunner Mar land Baltimore <u>paper hanger</u> 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Smith May Ogle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) ! (Ifyes give wer or detes of service) 21.5**–07–0**996 Records: SPR NG STATE HO PITAL unkr. own 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c) (INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral pneumonia IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (e), stating the underlying couse lest. PART 11, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Pert I or Pert I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED: 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer (State) tactory, street, office bldg., etc.) Not While While Hour e.m. et work et work D.III 21 , 19 62 that (I) (we) last reb. 21. I certify that (1) (th's hospital) attended the deceased from.19.... saw the deceased alive on... 22b, DATE 22e. SIGNATURE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYS. M.D. 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) Stella Wachsler, M. D. Catonsville 20. Ad. 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUTIAL Holy Redeemer Cem. Baltimore. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Charles 3331 B E. Schimunek Funeral Home FEB 2 3 '62 15M 9/60 Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH

funeral

and

en signed

Por

0

OR

HOSPIT

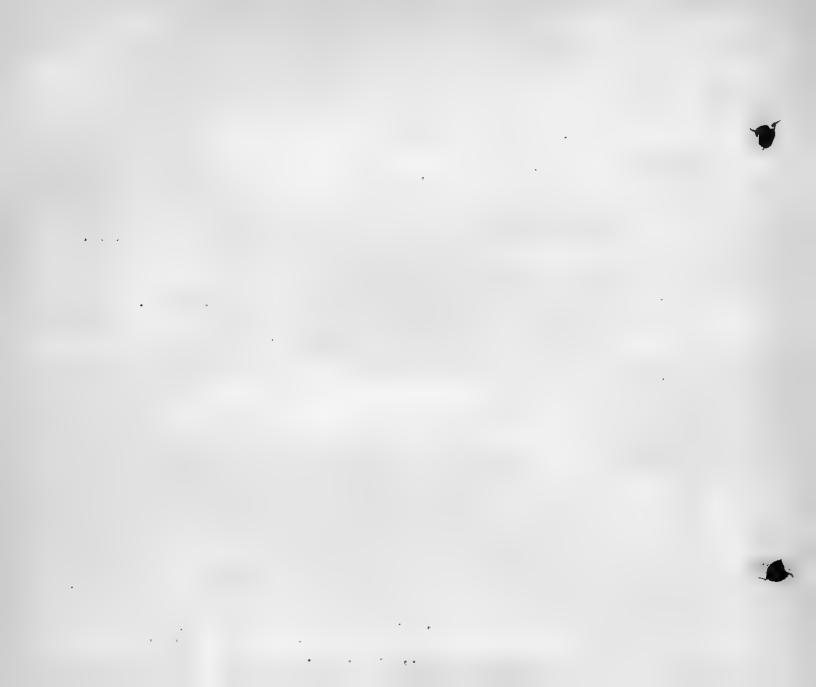
24

within

exacuted



1				TATE DEPART				,	18			
FOR STATE EALTH DEPT.	01675 MEDICAL EXAMINEK'S					CERTIFICATE OF DEATH Reg. Dist. No. 1657 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission)						
op '₹	. COUNTY						rland	b. COUNT		rare odmission)		
M of Head	b. CITY OR TO	b. CITY OR TOWN (if outs de corporate limits, write BURAL end give regeral foun) LOCOMOTO			d Ib	c. CITY OR TOWN (if outside carporate I mits, write RURAL and give nearest lawn) X Edgemere						
		d. NAME OF HOSPITAL OR INSTITUTION (16 not in hospital, give street add 2507 Sycamore Avenue				d STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO						
he fune e retain he Stati er death	3. NAME OF DECEASED (Type or print)	Phil		Middle J.		Smith	4. DATE OF DEATH	Mont Feb.	b Doy	Year 19 62		
d 3 to 1	5. sex Male	6 COLOR OR RACE Colored	7. MARRIE WIDOWED	D NEVER MARRIED		oate of Birth lct. 26, 190		AGE (In years lott b rthday) 55 yrs	Months Doys	Hours Min.		
(3. Poge 5) fes 1 and 2) within 72 h	during most of	JPATION (Give kind of work working life, even if retired) L. Worker ME		hlehem Steel			1 Co., T	* -	U. S.	F WHAT COUNTRY		
of I		n Smith				Mary N	Wash					
day e	15. WAS DECEAS	ED EVER IN U.S. ARMED FC	service)	13-07-8182		Grmant Gry Brown -	- 1007½	N. 5th	St., Rich	nmond, Va.		
is lien, is olong winsit permi		DEATH [Enter only one condent was Caused By. IMMEDIATE CAUSE (o		101 (o), (b), and (c).	<u>- L</u>	-/- 10	26/2	٠	INSE	TYAL SETWEEN L) AND DEATH		
in pencil ler's Offic briol-tro or remov	gave rise to (a), stating	if ony, which (b) (b) immediate cause the underlying OUE TO	1	arter saturation saturation is at						£ ~~>		
sed as a emotion,	Couse fest.	1. OTHER SIGNIFICANT CON	DITHONS CO	INTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	` '	PERFORMEDT		
Medico Mid be a prial, cr	20g EXTERNA PRIMARY CAUSE OF D	or CONTRIBUTING [2]	b. DESCR.BE	HOW INJURY OCCUR	ED. (En	er noture of injury in Pa	rt I ar Part II o	Filem 18)				
or to by		INJURY Month, Doy, Ye c. m. p. m. 19	White of war	Not while	PLACI	OF INJURY (Home, for y, utreet, office bldg, et	m, 20f. (City (or tawn)	(County)	(State)		
to t		fy that I took chorge								,		
RECTOR RECTOR ad agen	ACTUAL	eath resulted from:	Natural c	auses Accide	ent L	CHIEF MEDICAL I		∐, Undete	rmined monn	DATE SIGNED		
A A Longisa	SIGNATURE EXAMINER'S NAME (Type		DA	is M	->	ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EXAMINER	a second	2/7/1	2-		
A shaul O FUNE or its d	220. BURIAL, CRE REMOVAL (S Burial	MATION 226. DATE THERE	DF	220 NAME OF CEMETER		REMATORY	22d LOCATI	ON (City, lawn,		(Stole) d Co., Va.		
A15ME		ECTOR'S SIGNATURE	70 71 7	ADDRESS		240 REC	D BY REGISTR	AR 24b. REGI	STRAR'S SIGNATU	RE		
A 2/57	Charle	es R. Law - 80	A VISIO	Tron ave.,	Dal.	DATE DATE	162	1	d. Thrus	, , , , , , , , , , , , , , , , , , ,		



W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidance before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (f outs da corporata imils, c. LENGTH OF STAY IN 15 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, dive greet address) IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Typa or print) DEATH 62 19 IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR est birthday) and W.DOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. C T.ZEN OF WHAT COUNTRY? dona during most of working life, avan if retirad) FATHER'S NAME MOTHER'S MA, DEN NAME Id 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no, or unkown) (If yes give war or dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) DUE TO Conditions, if any, which [b] gava risa to immadiate causa DUE TO (a), stating the underlying causa last. PART IL OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[81] 19. WAS AUTOPSY PERFORMED? NO I 208. ACCIDENT WAS UNDERLYING [] . 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I) of item 18.1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED | 2Da, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) Month, Day, Year factory, straat, offica bldg., etc.) WEDI Hour a.m. While Not While al work at work 21 I certify that (I) (this hospital) attended the deceased from Pec. 1961 to Feb. 196 that (1) (we) last 76 19.6.2, and that death occurred at 11.77M, from the causes and on the date stated above. 22b. DATE SIGNATURE SIGNED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) FUNE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23 BURIAL CREMATION 236 DATE THEREOF 234 0 OFIA 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 5 SIGNATURE VR A15 (4) 15M 9/60

death certificate be axecuted





RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) ь. county Prince Geor e a. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. CITY OR TOWN (If outside corporete | mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town? College Park, Maryland C tonsville lmthlldys d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitel, give street eddress) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 4511 Beechwood Road YES NO 3T TE 3. NAME OF 4. DATE Middle DECEASED Edward Nelson DEATH February 15 (Type or print) Snouffer 1962 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7, MARRIED 1 NEVER MARRIED 5. SEX B. DATE OF BIRTH last birthday] | Months Days male W DOWED . DIVORCED [March 31, 1Da. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) salesman real estate Pary land 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Nelson E. Snouffer Ruth Myers 15. WAS DECEASED EVER N U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress (Yes, no, or unkown) | (Ifyes give wer or detes of service 213-10-7045 Records: 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Termina pneumonia IMMEDIATE CAUSE (e) **JOUE TO** Atelectasis of the lung Conditions, Fany, which gave rise to immediate cause DUE TO (e), stating the underlying PART IL OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY CATION PERFORMED? NO X Diabetes mellitus 20b. DESCR 8E HOW IN.URY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING | | OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, ferm, (County) 20c. TIME OF INJURY 2Df. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work 19_62 to Feb. 15, 19.62, that (N (we) last 21. I certify that M (this hospital) attended the deceased from ... u.an. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED 2-16-62 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

TO HOSPIT. OR ATTENDING PHY
death. Part may be retained by the I

Y OF FUNETY ID INECTOR. After this
of director, page 3 should be detached for
the page of the physical physical page of the physical

funeral should

by the and 2 death.

attending Then please

ran.

hours after

executed

Mt Olivet Cemetery

23c. NAME OF CEMETERY OR GREET DRY

Stella Wachsler, M. D.

Feb 19, 1962

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

24 FUNERAL DIRECTOR'S SIGNATURE

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DATEFEB 1 9 '62 Orthun & Kraus

Md

Catonsville 28 - Karvland

23d, LOCATION (City, town or county)

Frederick.



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY o. STATE **b** COUNTY MARYLAND Baltimore Marvland Baltimore b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 è c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Essex #21 Essex #21 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Margaret Ave. 303 Margaret Ave. YES NO TH 5 NAME OF 4. DATE Middle Lost Month Day ∀eor filled ges 1 DECEASED Nicholas Stefan (Type or print) DEATH February 16 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5 SEX B DATE OF BIRTH lost birthday) Months Hours Doys Male February 9 White WIDOWED [7] DIVORCED 54 YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Foreman Fence Co. Maryland USA 2 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ğ .⊆ Martin Stefan with Susanna Till IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No ottending Magadlena Stefan Same 18. CAUSE OF DEATH [Enter only one cause pepaline for (o), (b), and (c).] INTERVAL BETWEEN ONSAT AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE TO DUE TO á ij. Canditions, if any, which paudi gave rise to immediate DUE TO cause (a), stating the underlying cause last. P PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour a m. While Not while of work of work 21 I certify that (1) (this haspital) attended the deceased fram. _____, 19___, that (l) (we) last 19 6 2 and that death accurred at 12 pM, fram the causes and an the date stated above saw the deceased alive an DATE ATTENDING PHYS. STAFF M.D. DIRECTOR _ 22c PHYSICIAN S 22d ADDRESS NAME (Type) 9 may be ri page 3 sh the State ന 236 DATE THEREOF 23d LOCATION (City, town, or county) BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY (State) Oak Lawn Cemeterv 0 FUNERA 25a REC'D BY REGISTRAR DIRECTOR'S SIGNATUR 25h. REGISTRAR'S SIGNATURE 9 162 1 1 + 2 1 me Bruzdzinski 1407 Eastern Ave. 1SM 9/59

hours after death.

that the death

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, | Institution; Residence balora admission) COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e RURAL end give neerest town) HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NAME OF DATE M dale DECEASED OF (Type or print) DEATH 5. SEX AGE (In years [IF UNDER 1 YEAR (est birthdey) and Months House WIDOWED 💢 DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or fore an country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending and Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO oval, (Yes, no, or unknwn) (Ifyes give war or dates of service signed by the 18. CAUSE OF DEATH [Enter only one cause per i ne for (e), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stetling the underlying causa last. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1.81 19. WAS AUTOPSY PERFORMED? NO 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part Lor Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year factory, streat, office bldg., etc.) Not While While Hour a.m. al work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from. M, from the causes and on the date stated above. saw the deceased alive on and that death occured atta. 22b. DATE 22a SIGNATURE SIGNED MED ATTENDING DIRECTOR PHYS. PHYS, 22c PHYSICIAN'S 22d. ADDRESS FUNERA NAME (Type) 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY 23d. LOCATION (Gify, town or county (Sieta) \$ B ARI OH 24-FUNERAL DIRECTOR'S SIGNATUR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



1	N.	MARYLAND STATE DEPARTMENT OF HEALTH
	X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
= ED		11690 Item CERTIFICATE OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
afte ner out		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission)
ars and a	N	* COUNTS 20 time me state and 0 2 0 b. copyry d 0
Ed to		b. CITY OR TOWN (if outside corporate I mits. c. LENGT) STAY IN the c. CITY OR TOWN (if outside corporate I mits, write RUPAL and give paged town)
24 Par	1	Write RURAL and give nearly pown,
E See	. 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, eddress), d. STREET ADDRESS
看	- /	Chrina brove State Vechital 12 of Managen St 1 ONA FARMY
d v		
22 per	1	DECEASED NO OF
w m ii	. 4	[]
B 75 6		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and carl		WIDOWED TO DIVORCED TO TO THE STATE OF THE S
caft ian ive		1Do. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUS.NESS OR NDJSTRY 11 BIRTUPLACE, County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. S. IT
Tiff Signal Sign		Prog. 100 & merchat
Phy e re		10. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ing leas d ir		Horhest of Stackwood Mata madrilla
P P P		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO 17. INFORMANT
the affe Ther val,		(Yes, no, or unkown) (types gave war or dates of service)
hat the		Mes W. W. II Julia . Siochwell &
es t Sian by mini		PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
od o		PART I. DEATH WAS CAUSE (a) Houte Cardiac Failure
re ign insit		TO DUETO NA
law ding an s l-tra ama		Conditions, if any, which (b) Myocardial Infarction.
bed best irrial		(a), stating the underlying DUE TO
te se de la company de la comp		cousa last, (c)
o e tra		Z PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART I(*) 19. WAS AUTOPSY
Cities at a second	0	EC. B. Sassociate & E Hlyheimer's diseased Bsy chosis YES TO NO THE
PSSI hos cert usc		2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
P.H. he nis for		2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of flam 18) OR CONTRIBUTING CAUSE OF DEATH OF IT IT IN THE CONTRIBUTION CONTRIBUTION CAUSE OF DEATH OF IT IT IN THE CONTRIBUTION CONTRIBUTION CAUSE OF DEATH OF IT IT IN THE CONTRIBUTION CAUSE OF DEATH OF IT IT IN THE CONTRIBUTION CAUSE OF DEATH OF IT IN THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAU
ealth at the		
A de la		Hour a.m. Whila Not Whila factory, street, office bidg., atc.}
R: aine		
F = C 2 g		21. I certify that (I) (this hospital) attended the deceased from 17. 2. 12.6.9 to 1. 12.6.1, 19.6.2 that (I) (we) last
A S S S S		saw the deceased alive on Febr. 2
S PERS		22a. SIGNATURE / OCD / ATTENDING MED. STAFF / SIGNED
- 15 et		M.D. PHYS. DIRECTOR PHYS. 2/12/62
R Page	,	22c. PHYSICIAN'S NAME HYPE) JOSE R. ATIZAGA, M.D. 22d. ADDRESS
SP PR PR PR PR PR	ĺ	Spring Grove State Hospital (28)
HOSPI sith. Pe FUNE ector, p		236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
\$ \$ \$ \$ \$ \$		Burul 2-14-62 St Chomes Cent Compapales Mc.
H H VR A15 (4) ∠	a.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	TA	My lastan Saw Churaperty Ma. DATE FEB 1 6 '62 1
	1	The state of the s



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01663

			- 2000
	1 (PLACE OF DEATH o. COUNTY BAIT MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before pdmission) o. STATE b COUNTY BA/+C:
	'	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIKEIDE Years.	c CITY OR TOWN (If-outside corporate limits, write RURAL and give nearest town)
		d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION LY###BOX 257A	d. STREET ADDRESS 1P4 4 BOX 257 M 1P4 1P 1P5 M 1P5
		NAME OF DECEASED (Type or print) NICh c/AS First Middle Sto/ZER	Lost 4. DATE Month Doy Year OF DEATH FLB 5 1962
	5 S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B A/C WIDOWED DIVORCED F	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Wonths Doys Hours Min
	10a	during most of working life, even if retired) We have the service of the service	11. BIRTHPLACE (Stote or foreign country), 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
		Henry	MARY W.
	15 (Yes	es, no or unknown) (If yes, give war or dates of service)	HolAs Stolzenbach JR. R#4 4 Box 257A
		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	e lung, left
		Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse lost.	au human
)	CERTIFICATION	PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1
		200 ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port (I of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a m While Not while of work of work of work	CE OF INJURY (Home, form, '20f. (City or town) (County) (State) ary, street, affice bldg., etc.)
		21 I certify that (1) (this hospital) attended the deceased from saw the deceased alive on Feb 1962 and that de	November 1961, to Febr 5 1962, that (1) (we) last eath accurred at 45M, from the causes and an the date stated above.
		720 SIGNATURE	ATTENDING DIRECTOR PHYS 226 DATE SIGNED 2-6-62
The same of		22c PHYSICIAN'S NAME (Type) E. Roderick Shipley	529 CAM Meade Rall-TenThan
	23a	BUR A., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAN (Specify) Feet 8, 1962 Met Dane	CREMATORY 23d . OCATION (City, town, or county) (Stote) of Subsuch one Belo Sud
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1	کرا	De of Schwar 2101 trefireck	act DATE : 18 13 '62 1 18. Fixed



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY Baltimore Maryland **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Towson Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 506 Holden Road 506 Holden Road YES NO NO completely 4. DATE NAME OF First Month Middle DECEASED OF February 21. 19620 (Type or print) GAVIN JOSEPH STRINGER DEATH and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (In yaers | IF UNDER I YEA les birthdey) Months Hours February 9. Male White WIDOWED IX DIVORCED [10s. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Estate Manager - Retired Private Estate Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Harry Stringer, 506 Holden Rd., Towson, Md. Nο None 18. CAUSE OF DEATH [Enter only one cause per line for ,e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate ceuse DUE TO (a), sleting the underlying couse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Itam 18.) 20s. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) WEDI Hour e.m. While Not While et work et work 19 p.m. 1960, to 2/2/ that 21. I certify that (I) (this hospital) attended the deceased from.196. and that death occured at T.P.M., from the causes and on the date stated above. saw, the deceased alive on LIRE 22a SGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S ADDRESS 22c. ath. Pag FUNER NAME ITYPE 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Holy Rood Cemetery Westbury, New York Feb. 26,1962 0 Burial 25e. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Tewson, Maryland FEB 2 \$ 15M 9/60 Cirtur & Thous DATE

24

death

MARYLAND STATE DEPARTMENT OF HEALTH



2 1	X		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STAT	TE		01683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 7 Film 0307 2/16/62 july Reg. Dist. No.
HEALTH DE	PT.	1, 7	LACE OF DEATH BALTO. CO., MARYLAND O. STATE N. C. COUNTY BALTO
		b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ATONSVILLE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) ATONSVILLE
TO OF OFFICE OF OFFICE	1	9	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1 d. STREET ADDRESS ON A FAMOUR OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 25/4 OLD FAEDERICK RUES PNO
he fune reform he State er death		3. 8	NAME OF First PARSON TAYLOR OF DEATH FEB & Doy Year 1962
d 3 to 1 may be with 11 ours offe		5. 5	O COLOR OR RACE TO MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED NOV. 1892 9. AGE in your Months Days Hours Min.
Page 5		10o. d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WARKING life, even if relired) 12. CITIZEN OF WHAT COUNTRY OF WARKING Life, even if relired)
Poges Poges ent with	T	13.	CHARLES H. TAYLOR 14. MOTHER'S MAIDEN NAME
Give ith form		15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. See unknown) (If you give war or dates of service) 212 05 3853 Malel Col Sister
Item 18 along w I permi			18. CAUSE OF DEATH [Enier only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) INTERVAL BELWEIN ONSEY AND DEATH
Office of			Candilians, If any, which (b) Coronary Thrombon
miner's a berief			gave rise to immediate course (a), stating the underlying Cause lost. (c)
care sy cending of Exan used as rematic	1	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{NO } \bigcap \)
vord "p vord "p vid be vrial, c		CERTIF	20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) CAUSE OF DEATH.
ng the re Chief e 3 sho		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not while at work 19 at work
A to the first to			21. I certify that I taok charge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes . Accident , Suicide , Homicide , Undetermined manner
Ficate forde ed oge			ACTUAL TRO- TWO LIGHT CHIEF MEDICAL EVANINES OF MATE SIGNED
e the fill be ERAL Dr.	2		EXAMINER'S CEO, S. M. KPEPFER MEDICAL EXAMINER 1010 Lede Con
execute 4 shauk O FUNE or its d	ha	220	SUPIAL, CPEMATION, 12th. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12d LOCATION (City, tawn, or county) (State)
5. A16ME S	R	23	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE ER 1 3 '62 1 8. Thanks
	4	-	



OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edecession) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN ai outs, de corporate limits, write RURAL and give nearest town e. IS RESIDENCE ON A FARM? YES NO TO 3. NAME OF DECEASED (Type or print) THOMAS DEATH 1962 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR WIDOWED [iring most of working life, even if 15. WAS DEGEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 18. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY EREBRAL MMEDIATE CAUSE (a) DUE TO GENERALIZED HRTE RIOSCLEROSIS gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81, 19. WAS AUTOPSY IMBETES NIBLLITUS 200 ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. While et work at work 21. I certify that (I) (the hospital) attended the deceased from SAP TENDER, 1961, to EEE 3., 1962, that (I) (ve) last 30 1962, and that death occurred at APM, from the causes and on the date stated above. saw the deceased alive on., 22a, SIGNATUR ATTENDING DIRECTOR PHYSICIAN'S O.F. 256, REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR VR A15 (4) arthur 9 House

TE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate mits. c. CITY OR TOWN (If outs'de corporate lim ts, write RURAL and give nearast town) E LENGTH OF STAY IN 16 write RURAL and give nearpst, town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Hartord Road YES NO 3. NAME OF Middle. DATE Month DECEASED (Type or print) DEATH tebruaru Mary 6. COLOR OR RACE T. MARKIED 5. SEX 7 . 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR) NEVER MARRIED lest birthdey) Months WIDOWED 10e, OLSJAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR NOUSTRY State or fore gn country, 12. CITIZEN OF WHAT COUNTRY? done during most of working , to, even if refired; 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) IVI. Andrew same 18. CAUSE OF DEATH [Enter only one cause per ine for (e), ,b), and (c)., INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Wildin My M. Judy to Michael Willowstillians 120b. DESCREE HOW INJURY OCCURSO, (Enterpreture of interry in Part I or Part I) of Item 18.) NO 2De. ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work et work and that death occured at LCHM, from the causes and on the date stated above. saw the 22b. DATE 22a. SIGNA SIGNED **ATTENDING** PHYS. DIRECTOR PHYS M D 22d. ADDRESS 22c. PHYS oward 400dman 23d LOCATION (City, fown or county) CEMETERY OR CREMATORY (State) 238, BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) OH imore, mari 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S VR A15 (4) aring & Thousa 15M 9/60

after

24

death



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* .>=		01686 CERTIFICATE OF DEATH Reg. Q.1.668
h. Poge of director	1.	PLACE OF DEATH a COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Baltimore AMARYLAND 1. aryland Baltimore
ofter deat	R	RURAL and give nearest town) (URAL MONKTON 2 years KRURAL MONKTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE
in B	3.	Troyer Road YES NOD
hin 24 y filled ages 1	5.	DECEASED (Type or print) Alice Nae Urich SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED #2 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR) IF UNDER 24 HR
ompletel		emale White WIDOWED DIVORCED Oct. 16, 1948 13 yrs Months Doys Hours Min
he executed and and and and and and and and and an		during most of working life, even if relired) Student Sparks school Baltimore City Md. USA FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physician physician hours aff		Joseph J. Urich WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address By, no, or unknown] yes, give wer or delet of service
anth ce anding ease re thin 72	-	NO Joseph J. Urich Monkton, 11d. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
that the de by the atte i. Then pl		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) PREFITCH OF THE CAUSE (1) ONSET AND DEATH Co has a consequence of the cons
on. on signed isit permi		Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost. (b) DUE TO (c)
The law a physici hos bee urial-trar maval,	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ICIAN: attending rificote is the bu	AL CERT!	20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part of item 18.) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or Lown)) (State
PHYS ital or of this ce dr use of	MEDICAL	Hour o. m. P. m 19 While Not while foctory, street, office bldg , etc.) p. m 19 at work at work
rending the hosp R: Affer tached f burial,		21. I certify that I attended the deceased from Feb 3
d be de prior to		ACTUAL SIGNATURE C. Herbert Mueller M.D. Partten - M.d. 2-11-6
PITAL ERAL E S shoul		PHYSICIAN'S C. HERBERT MUELLER JE.
May by the reg		o Burial, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 2/12/1962 Wesley Chapel Monkton, Maryland
VS A15 (4) 15M 9/5B	23	FUNIERAL DIRECTOR'S SIGNATURE LEARLY GENERAL DATE FEB 1 3 '62 1'41 S. Krama



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmiss on) . COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete | mits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give nearest town) Rente e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE OF (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. MARRIED AGE (In yeers NEWYR MARRIED last birthday) Months Hours DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 1 PM3. Page done dues most of working life, even if retired) pages | 13. FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unkown) | (Ifyesgive were rdetes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN " in pencil in Office along PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO word "pending dical Examiner" (e), steting the underlying cremation, or PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOP? CERTIFICATION PERFORMED plnoys 20b. DESCRIFE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAL lo bu 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PEACE OF INJURY (Home, ferm, 20f. (City or town) (County. (State) factory, street, office bldg., etc.) WEDI While Not Watte Hour e.m. athe R: Pe prior et work at work 95 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection L Inquiry and in my opinion death resulted from: Natural causes 1/ Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER please exercite t should be forw. FUNERAL DI r ijs designated a ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) CEMETERY OR CREMATORY 22a. BURIAL, CREMATION I 22d. LOCATION (City, town, or country) (State) 240 g 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNALIR VS. A15ME SM 9/60



AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ብተራይያ PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) p. COUNTY b COUNTY Baltimor MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catoneville Catonaville 31 YYS d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION S Maple Avenue 8 Marile Avenue YES I NO 4. DATE NAME OF First Middle Last Month DECEASED 4977 (Type or print) Alfred Vernon DEATH S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED rthday) Months Days Hours WIDOWED | DIVORCED | yrs 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) U. S. A. Practice of law Attorner Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME within Ida Clements Alexander Well WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Md. Address Ics W.W. Manle Ave. Categoville 18. CAUSE OF DEATH [Enter any one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Ryunx IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES NO F 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur o. m. While Not while p. m. at wark al wark 21 1 certify that (1) (this haspital) attended the deceased from new , .ta 1942 and that death accurred at 316 M, from the causes and an the date stated above saw the deceased alive an Italy 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR | M.D. 22c. PHYSICIAN 22d. ADDRESS Bogr NAME (Type S. Rolling Rd. Catonsville - 28, Md. hate 230 BURIAL, CREMAT ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, ar county) (State) page the Sta REMOVAL (Spec fy)

0 VR A15 (4) 15M 9/S9

24 FUNERAL DIRECTOR'S SIGNATURE

FUNERAL

filed

pe

.5 5

filled ges 1

and

200

burial-transit

death. eral

Catonsville, Md.

Loudon Park Crematory

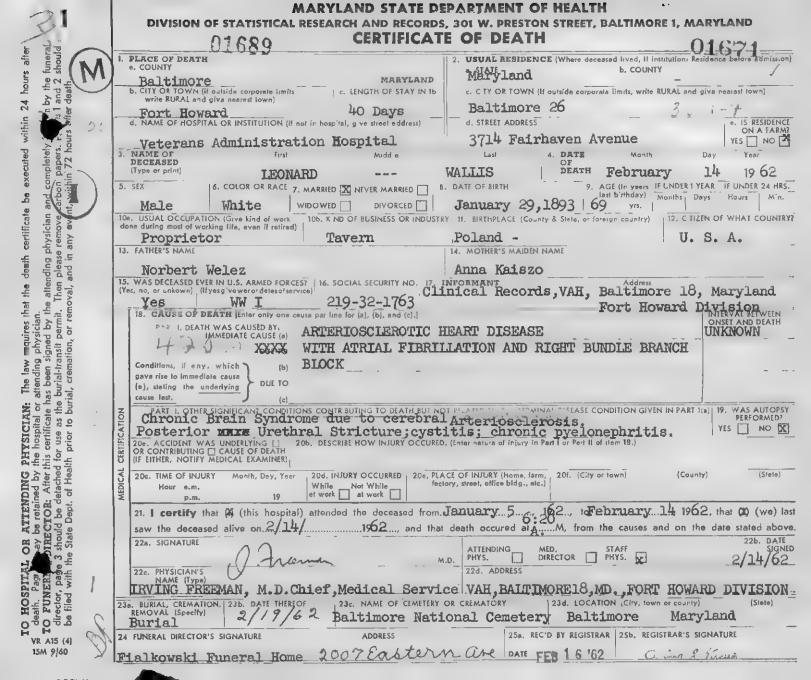
250 REC'D BY REGISTRAR

Baltimore, Md.

25b. REGISTRAR'S SIGNATURE ww & Thouse on on one of the state of the s

基

in the state of the





1 7	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A O1690 CERTIFICATE OF DEATH	MARYLAND 016ウ2
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution	on Residence before admission
M	a. COUNTY By A Timere MARYLAND a. STATE M A b. COUNTY	
	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL write RURAL and give neerest town)	and giva neerest town)
	BALTO Md	3
,	d. NAME OF HOSPITAL OR INSTITUTION (if not it hospital, give street address) Augs burg huthern thomp, 2230 GAVVISON Blud	e. IS RESIDENCE ON A FARM? YES \(\square\) NO
	3. NAME OF Fist Middle Last 4. DATE Month	Dey Year
	(Type or print) BLANCHE WARFIELD DEATH Feb	2 1962
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UND Month WIDOWED DIVORCED DIVORCED April, 14, 18 77 84 yrs.	
		CITIZEN OF WHAT COUNTRY?
	Housewife BALTO. County	US
	13. FATHER'S NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Yes, no, or unkown) (Ifyesgivewerordetesafservice)	
	18. CAUSE OF DEATH [Enter only one cause per line for (a., (b), end (c).] PART I. DEATH WAS CAUSED BY: () \ - 12	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) 1 1 Minchot - U Reumoniu	- 4 days
	Conditions, if ony, which > 161/21. arterio - Solo the Heart Deserved	5 m.
	geve rise to immediate cause (a), stating the underlying DUE TO	7
	cousa last. (c) Coural Officent Conditions Contributing to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	PART I(e) 19, WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P JUNE 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P JUNE 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONTRIBUTIONS GIVEN IN THE TERMINAL DISEASE CONDITIONS GIVEN IN P JUNE 12. OTHER SIGNIFICANT CONTRIBUTIONS GIVEN IN THE TERMINAL DISEASE CONDITIONS GIVEN IN THE TERMINAL DISEASE CONDITIO	PERFORMED?
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (home, ferm, '20f. (City or town) (Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 et work at work	(County) (State)
		194.2 that (I) () last
	saw the deceased ative on	
	22e SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	226. DATE SIGNED
	22c, PHYSIC, AN'S	11 2/2/63
	NAME (Type) FOR/ L. Champers- Totaly My an. Paul	to 7-mil
	230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION, (C.ty. town or occurrence)	ounty) (Stefe)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
,	E. & Mac Nable Cators ville, Md DATES 5 162 without S.	*Kraus
1 4		



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I MARK CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside comparate E. LENGTH OF STAY IN 16 write RURAL d. NAME OF d. STREET ADDRESS a. IS RESIDENCE ON A FARM YES NO executed 3. NAME OF DECEASED (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED T Months Hours WIDOWED IS DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unknwn) | (If yes give wer or dates of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end ONSET AND DEATH DEATH WAS CAUSED BY: Clay, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise la immediate ceuse DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pent I or Pent II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 1 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work el work 22e. SIGNATURE 22b. DATE **ATTENDING** STAFF SIGNED: PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) は 0 25a REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 15M 7/61

.

ofter death. Page

law requires that the death certificate be executed within 24 haurs



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR MEDICAL EXAMINER CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) a. COUNTY MARYLAND Marvland Worcester Baltimore
b. CITY OR TOWN (if outside corporate I mits, es c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) 18 Days Berlin Fort Howard d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Rural Route 3 YES NO Veterans Administration Hospital 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) WHITE DEATH February E. GEORGE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday) Months December 25,1895 DIVORCED X WIDOWED | Male 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Berlin, Maryland U. S. A. Farm laborer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Records, VAH, Bartimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wer or detes of service) Fort Howard, Division 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA, LEFT LUNG UNKNOWN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ? gava rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)] 19. WAS ALTOPSY PERFORMED? 3rd Degree Burn of left leg and knee NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Yaar | 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJRY factory, street, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECT death resulted from. Natural causes X. Homicide Undetermined manner Accident Suic'de CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER RAL. SIGNATURE designal DEPUTY MEDICAL EXAMINER 🔀 should I MELVIN B. DAVIS, M.D. DEPU NAME (Typa) Address (Street, c'ty, town, or county) 224. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Berlin, Maryland 940 p New Bethel Cemetery Burial 23. FUNERAL DIRECTOR 248 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Thornton B. Jolley, Jersey Road, Salisbury, Md. DATE



CERTIFICATION

MEDICAL

Burial

24 FUNERAL DIRECTOR'S SIGNATURE

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I'ved, If Institution: Residence before edm ssion) e. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR FOWN (if outside corporete limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete timits, write RURAL end give neerest town) write RURAL end give neerest town) Ruxten LULS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Y Bouce Ave. Bouce Ave. 3. NAME OF DATE Yeer Middle Month DECEASED OF (Type or print) DEATH 1962 Elizabeth Grace Wick ebruaru 5. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH AGE (In years | IF UNDER I YEAR F UNDER 24 HRS. last birthdey) Months Hours DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CIT ZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA Housewik 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Kelleu Frank Gerahtu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyes give were reference) Above 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY PERFORMED? NO F. YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (Stelle) Month, Day, Year 20f. (City or fown) (County) factory, street, office bldg., etc.) Hour e.m. While Not While let work et work 21. I certify that (I) (this hospital) attended the deceased from.... 22b. DATE SIGNED ATTENDING. STAFF DIRECTOR PHYS. M.D. ADDRESS 22c. PHYSIC AN'S NAME (Type) University Parkway Balto 23e. BURIAL, CREMATION, | 236. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)

Beechwood &

Jenkins & Sons Co. 4905 York Rd. Balto. 12.

New Rochelle

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ino 8. Thous



016	95 CERTIF	ICATE OF DEATH	01677
1. PLACE OF DEATH	Te . Ca .	2. USUAL RESIDENCE (Where decea	sed lived, If institution: Residence before edmission) b. COUNTY
5 ener 1 19 Harrison a	re Mulche RA MARYI		Baltimore -
b. CITY OR TOWN (if outside corpo write RURAL and give nearest to	rote limits, c. LENGTH OF STA	1 1	
S ANAME OF HOSPITAL OR INSTITUTE	JTKON (if not in hospital, give street addre	Littuate winer	#20
In Laci Con	releaser Heme	, 209 A LODA	Beach VES NO 14
3. NAME OF DECEASED	First Middle	Lasi 4. DATE	Month Dey Yeer
(Type or print) Dept A	D Dage	WILLIAMS DEATH	2 16 1962
ad pulsas and a series of the	R RACE 7. MARNED WINEVER MARNES		GE (In years IF DNDER 1 YEAR IF UNDER 24 HRS. st birthday) Months Days Hours Min.
10s. JSUAL OCCUPATION (Give kind	of work , 10b. KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLACE (County & State, or fore	ign country) 12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even Housewife	Home	Marrel and	. USA
13. FATHER'S NAME		Maryland	· OSR
William Br		Mary Lightne	Address
(Yes, no, or unkown) (Hyespiveweror		Sidney J. Williams	Same
18. CAUSE OF DEATH Enter of	nly one cause per line for (e), (b), and (c	Ī.Ī	INTERVAL BETWEEN
PART I. DEATH WAS CAUSE		ascular accept	ent Lydis
5 0 0 0 0 0	DUETO To to a 1.1.	t. Carles- Zineales	Amis 5 years.
Conditions, if eny, which	DUE TO 11 " 1 :	uncome insum	- cuseum - y
E to a conse lost.	6 Haletes	millities	16. Yelar
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED?
2 0 1	C. D. BAL DECCRIPE HOW A INDIAN	Personne de la Partir de P	YES NO
200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF UR EITHER, NOTIFY MEDICAL EXA	DEATH MINER)	OCCURED. (Enter nature of injury in Perl t or Pert il of	rem ID.)
文章 第 20c. TIME OF INJURY Month,	Dey, Yeer 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, ' 20f. (City or	town) (County) (State)
Dering Hour s.m.	19 St work St work St	factory, street, office bldg., etc.)	1
	for a first the second	tromited 1960 to I	th- le 19e Withat (1) (we) last
saw the deceased alive on	J415 1945 a	nd that death occured at	e causes and on the date stated above
	mar dans		STAFF PHYS. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22c. PHYSICIAN S NAME (Type)	1	22d. ADDRESS	The fill of the
G. Bau	mgardner. M.D.	L. Kexel C	112 32
TEMOVAL (Specify)		27.111.7	ON (City, town or county) (State)
VR ATS (4) (4 FUNERAL DIRECTOR'S SIGNATURE	7,		timore, Md. —
ISM 7 61	A CORESS	ZSe, REC'D BY REGISTRAL	256. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HYALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before admission) e. COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate | mits. c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY N 16 write RURAL and give neerest town) 8 days Baltimore Fort Howard d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street eddress; d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO 1 516 Sanford Place Veterans Administration Hospital 3. NAME OF DECEASED OF (Type or print) DEATH Williams, Sr. February 11 9. AGE (In years | IF JNDER 1 YEAR ! IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthday) Months Days DIVORCED September 26, 1896 WIDOWED [IDe. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUS NESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if rettred] U. S. Government Baltimore, Maryland U.S.A. Filo Clerk 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Then please Lillian G. Matthews Samuel W. Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records dross VA Hospital, 3900 (Yes, no, or unkown) | [[fyes give wer or detes of service] 212-18-1297 Loch Raven Blve. Balto. Md. Ft. Howard Div. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, ME TASTATIC CARCINOMA TO ABDOMEN UNKNOMN DUE TO YEARS (b) CARCINOMA OF RECTUM geve rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY **PERFORMED?** BENIGN PROSTATIC HYPERTROPHY. ARTERIOSCLEROTIC HEART DISEASE. NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NIJRY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) factory, street, office bldg., etc.) While Not While el work el work , to Feb 19 OZ, that () (we) last 21. I certify that (X (this hospital) attended the deceased from Feb. 3 226. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS VAH. BALTO. MD. FT HOWARD DIV. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e, BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) OF Baltimore. National Burial Baltimore 25. Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) my S. Hrana 15M 9/60 Charles Lewis Funeral Dir. 1639 N. Broadway Balto

APPLAND STATE DEPARTMENT OF HEALTH



1		MAKYLAND STATE DEPARTMENT OF HEALTH		
			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND O4CHO
igg e			01037	ore\\a
he fune 2 shou	VI)		PLACE OF DEATH COUNTY Balto MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institute e. STATE	Zallo
24 h n by t 1 and ar dea			b. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I outs de corporete lim ts prite KURAL OF TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 16 C. CITY OR TOWN (I outs de corporete lim ts c. LENGTH OF STAY IN 1	end give nearest town)
Pages rrs atte			d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp lat, g ve stree address,	ON A FARM?
ed v		3.	NAME OF First Middle Last 4, DATE Month	Dey Yes NO
omple omple omple omple			OF WILSON DEATH Fel-	25 1962
and c carbon		3.	SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIED 5 B PATE OF BIRTH 1879 AGE in years If UND Month WIDOWED DIVORCED 1879 AGE in years If UND Month	
ificate ician nove			o. USUAL OCCUPATION (Give kind of work indigenous tops of working life, even if refired) 12.	CITIZEN OF WHAT COUNTRY
h cert j phys se ren in any		13.	FATHER'S NAME 14 MOTHER & MAIDEN NAME	4,3,4,
death inding and in	T	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1/ INFORMANT Address	7 =
of the e afte Ther roval,	٣		is, no, or unkown) (Ifyesgive wer or dates of service) ms. James B. Elmore	(Same)
es this clan. by th rmit. r rem			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
physi gned ssit pe ion, o			PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (e). Cerebral Hemorrhage	Immediate
ding ding en signal-tran			Conditions, if any, which course course (b) Generalize Arterosclerosis	_
The attentas be be buris			(e), steting the underlying DUETO couse lest. (c)	
IAN: tal or cate h as the	>	CATION	PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION G VEN IN P	PERFORMED?
YSIC hospi certifi use	<i>C.</i>	CERTIFICA	Influenze 206 ACCIDENT WAS UNDERLY NG 206 DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Pert I or Part I of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH	YES NO X
this alth			UF EITHER, NOTIFY MEDICAL EXAMINER	County) (State)
DING bed by After etache		WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour e.m. While factory, street, office bldg., etc.) p.m. 19 et work et work	County] (State)
retair TOR: De d			21. I certify that (I) (this hospital) attended the deceased from Aug .23 , 160, to Feb	19 62 that (I) (we) las
R A1			saw the deceased alive on. Febr. 23 19 62, and that death occurred at 9.8. M, from the causes and o	n the date stated above 22b. DATE
the 3 s			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR	2/26/62
Pac NER T, page	Photo C.		Theodore E. Evans, M.D. 9660 Belair Rd.	
death. directo		238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or co	ounty) (State)
인 전 인 급 조 VR A15 (4)		24	FUINTAL DIRECTOR S.GNATURE ADDRESS 256. RECID BY REGISTRAL 256 REGISTRAL	SICHATURE
15M 9/60		L_	John D. Connelly DATE	





•



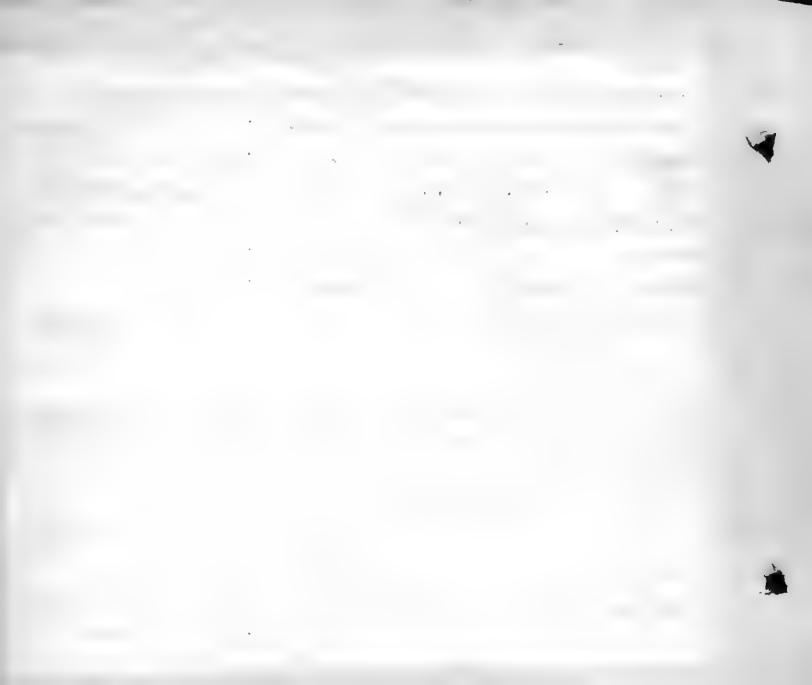
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY LTIMORE LRYLAND MARYLAND JALTIM ORE CITY OR TOWN (if outside corporate fimits. c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) c LENGTH OF STAY IN 16 write RURAL end give nearest town) AERO ACRES AERO, ACRES e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d STREET ADDRESS ON A FARM? 23 COMPASS ROAD BALTO 20 MD 23 COMPASS ROLD BALTO 20, MP. YES NO TO NAME OF 4. DATE Middle DECERSED OF KOBERT 1962 WILSON DEATH (Type or print) and cor AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7. MARRIED LINEVER MARRIED 8. DATE OF BIRTH last birthday) Months | Days Hours MALE WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) EXPIDITER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KOBERT WILSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT SOD 23 COMPLES RD #20 (Yes, no, or unkown) | (Ifyes give war or dates of service) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), á ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, it any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a, ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18, OR CONTRIBUTING [] CAUSE OF DEATH (Slete) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DCT 1957 to Deb 21 196, 2that (1) (wo) tast 21. I certify that (this heapital) attended the deceased from 2.1. 1962 and that death occurred at 7. A.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a/S GNATURE SIGNED ATTENDING PHYS. DIRECTOR ADDRESS PHYSICIAN S 22d O HOSPI death. P. NAME (Type) Œ 23a. BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) 0.58 REMOVAL [Specify] AND MEM PARK 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Elactury & Thank



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01681 funeral affer NAME OF DECEASED 2. DATE OF DEATH, 1962 WISKEMAN, Marie E (Type or Print) by the and 2 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE B. COUNTY ALAOT IN HOSPITAL OF INSTITUTION ADDRESS OR LOCATION Md. FULL NAME OF HOSPITAL OR c. City or Jown Baltimore [If autside city limits, write RURAL and give township] INSTITUTION Forest Haven Nursing Home p. STREET ADDRESS (If rural, give location) executed 2126 W. Saratoga St. within 6. COLOR OR RACE 5. 5EX 9. AGE (In years 7. SINGLE, MARRIED 8. DATE OF BURTH and cor carbon If Under 1 Yr. If Under 24 Hrs. F WILDOWED, DIVORCED (Specify) log birthdoy) Nov. 11. 1871 Months: Days Hours Min. certificate 10.4 USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even Baltimore, Md. Dressmaker 13. FATHER'S NAME Then please 14. MOTHER'S MAIDEN NAME John C Wagner Beck 15. Was Deceased Ever in U. S. Armed Forces? requires that the 16. SOCIAL 17. INFORMANT **ADDRESS** Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Philip H Wiskeman 3049 Parktowne Rd. No signed by 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY burial-transit TRIC MEMANNEPUE LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **DUE TO** BROGBIUS CC SPROJU CDIONE **ANTECEDENT CAUSES** Unseurne Misanse DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION DIRECTOR: After this should be detached for OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO 19A DATE OF OPERATION CAUSE OF DEATH, ENTER IN PART 1 OR FART II

Certify lhot (I) (this heaptial) attended the deceased from... 19s. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED 196 2 that (1) (we) last saw the deceased olive an____ and that in (my) (aur) apinion death occurred at _______m., fram the causes and on the date stated above. page 1 23A. SIGNATURE 238. ADDRESS M. D. ATTENDING PHYS EL MED DIRECTOR rector, death. 24A. BURIAL, CREMATION. 24c. DATE 24c. NAME OF CEMPTERY OF CREMATORY REMOVAL (Specific Baltimore, Md. 26. 1962 Feb. Baltimare <u>ية</u> ۾ 25A. DATE REC'D BY HEALTH DEPT. 25e NAME OF REGISTRAR 25¢ FUNERAL DIRECTOR VR A15 [4] FEB 2 7 '62 Chimny is now **ADDRESS** 15M 7,61 Wm. Cook Inc. 1217 St. Paul St.

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY necessary, ector Page our files. Baltimore MARYLAND Maryland Baltimore b. CITY OR TOWN (if outs de corporele limits, a LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nagrast town) Catonsville Catonsville . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS ON A FARM? 进行社工 中央 一种 HATTER HILL VIEW YES NO DATE 3. NAME OF Midd.e DECEASED OF DEATH (Type or print) Mildred Workman February 19 62 6. COLOR OR RACE 7. MARRIED TONEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) female Months | Days white WIDOWED [Aug.15.1896 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR NOUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) USA House Md. pages 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Edward Woodall Nettie Marshall 15. WAS DECEASED EVER N U.S. ARMED FORCES? I 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordalasofservica) permit. Mr. Charles J. Workman 327 Lambeth Rd. #28. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO with acute coronary thrombosis Conditions, fary, which gave rise to immediate cause ro. DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Iam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20t. [City or town] 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, streat, office bldg., atc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Induity and in my opinion Natural causes DOK Undetermined manner death resulted from. Accident Suic de Homicide CHIEF MEDICAL EXAMINER fould be.

FUNERAL L.

designated ACTUAL ASSISTANT MEDICAL EXAMINERS TO DATE SIGNED SIGNATURE Rudiger Breitenecker DEPUTY MEDICAL EXAMINER **EXAMINER'S** Assistant Medical Examiner February 2, 1962 NAME (Typa) Address (Street ely, town, or equally) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 22a, BURIAL, CREMATION, REMOYAL (Specify) Burial E40 9 Balto.Md 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Witzke, 4101 Edmondson A15Mi Cirilar S. Mans

YLAND STATE DEPARTMENT OF HEALTH



sed in by the funeral ages 1 and 2 should death. Part way be retained by the hospital or attending physician.

TO FUNDAGE DIRECTOR: After this certificate has been signed by the attending physician and completely set in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Nages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer deserted.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01684

- 1						
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
	MARYLAND MARYLAND MARYLAND 6. COUNTY					
-1	b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give hearest town)					
-1	write RURAL and give neerest town					
	Reinterstown 1 yr. 1527 N. Spring Street 211-4					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE					
	Bent Nursing Home Baltimore YES NO					
	3. NAME OF First Middle Last 4. DATE Month Day Yeer					
	(Type or print) Ellen Jackson Stewart Worrell DEATH Feb / 1962					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	Female Negro WIDOWED TO DIVORCED March 13, 1878 83 yrs. Months Days Hours Mir.					
	10s. USUAL OCCUPATION (Give kind of work 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	done during most of working life, even if retired) House verte T3a/t6. Md.					
	13. FATHER'S NAME					
	David Stewart Haeline Stewart					
М	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address					
4	(Yes, no, or unkown), (Ifyesgivewerordelesofservice) Phoebe Nelson 1806 Mount Street					
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
	ONSET AND DEATH					
	Gastrointestinal Hemorrhage 4 hrs.					
1	LA LATOR TO					
	Chaonia Laukomia					
	gave rise to immediate cause					
1	(e), stating the underlying DUE TO					
	cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a), 19 WAS AUTORSY					
	PERFORMED? YES NO NO					
	20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of Item 18.)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(a) TO PERFORMED? PERFORMED? YES NO OPECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	S 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (State)					
П	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. 19 at work at work at work					
-1	p.m. 19 at work et work					
	21. I certify that (I) (this hospital) attended the deceased from anuary 4, 1962, to February 1, 19.62 that (I) (we) last					
	saw the deceased alive on February 1 19.62, and that death occured \$1.A.M., from the causes and on the date stated above					
	22a SIGNATURE 22b. DATE					
	Merth & Starfer M.D ATTENDING MED. STAFF PHYS. STAFF PHYS. 2-3-6					
	22c PHYSICAN'S 22d. ADDRESS					
	NAME (Type) Martin E. Strobel, M.D. 48 Main St. Reisterstown, Md.					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (5'ete)					
	Isorial Isolation Interest of					
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					

•

.

.

F

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY *. STATE Maryland b COUNTY Baltimore Baltimore files. MARYLAND b. CITY OR TOWN (If outside corporate I mits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete I m ts, write RURAL and give nearest town) write RURAL and give nearast town) Essex (21) Essex (21 d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 407 Eastern Blvd. 407 Eastern Blvd. YES NO X 3 NAME OF Middle 4. DATE Month Year DECEASED Yother (Type or print) DEATH Monroe 1962 Wilbern February 13. 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months! Days Aug. 29, 1917 WIDOWED T DIVORCED [10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12, CITEZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA South Carolina Restaurant Chef 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellwood G. Yother Mamie Pinion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (If yasgiva war or dates of servica) Yes Adeline Yother 18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OCCLUSION IMMEDIATE CAUSE (a) DUE TO Conditions, if any, *which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIBIL 19, WAS AUTOPSY PERFORMED WOCCURED Enter natura of injury in Part I or Part I, of Itam 18.) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bido., etc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry ... and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes DIRE CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER sase execute t should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER M. B. Davis, M.D. NAME (Type) Address (Street city, tow DEP shoul 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Spartanburg, S.C. J.F. Floyd Mortuary, Inc. 0 0 P CADDRESS. 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 245. REGISTRAR'S SIGNATURE VS. A15ME & rad & Thomas 1407 Eastern Ave. #21 5M 7/59 Bruzdzinski



FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b..COUNTY** MARYLAND Baltimore County Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Sparrows Point.

J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Baltimore d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Bethlehem Steel Hospital Chester 3. NAME OF Middle DECEASED OF (Typa or print) DEATH 1962 ZAWORSKI 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED Male 10a. USUAL OCCUPATION IGINA kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s 1 and done during most of working life, even if retired) 24 ho. Stevedore Baltimore Md. pages | within P.M3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 18. Give Stephen Zaworski Kowalski with form I even 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give war or datas of servica) Victoria Zaworski 121 S Chester St 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), l INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH IMMEDIATE CAUSE IN ACUTE /Thrombotic/Coronary Artery/Ocolusion pencil DUE TO teriosclerotic heart disease should gave rise to immadiata causa DUE TO (a), stating the underlying 10 nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Carbon-monoxide poisoning
/Arteriosclerests /generalized /and chronic /oepicarditis

20s. External cause was 20s. Describe How Indury occurred. [Enter nature of injury in Part 1 of Part 11 of Part 11.] PERFORMED? ۾ Medical should by NO F PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Collapsed while loading steel in hold of ship to the Chief COR: Page 3 prior to buril 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) 20c. TIME OF INJURY (County) (Stata) factory, street, offica bldg., atc.) Not While 22962 at work at work Sn. Point forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion Natural causes death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER T DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S lease exe IO DEPU NAME (Typa) HOWARD G. SHAUB, M. D. Add
22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Spacify) E40 9 Cemetery Co. Md. Burial Holy Rosary Baltimore John M. W 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Inc Chester St Weber VS. ATSME 5M 9/60

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

A STATE OF THE PARTY OF THE PAR 4----- theisian addition the first and the first · - Francisco La Company Compa all investight card in the total and allot

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

